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Vol. XXII. OMAHA, NEB., FEBRUARY, 1917 No. 2

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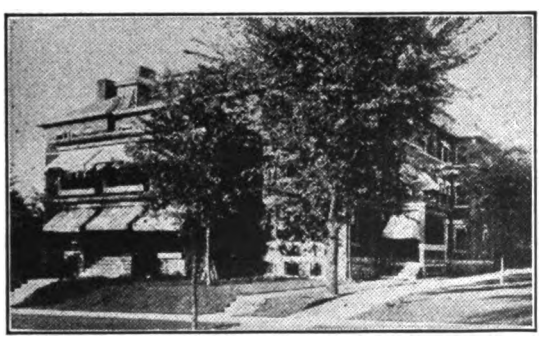

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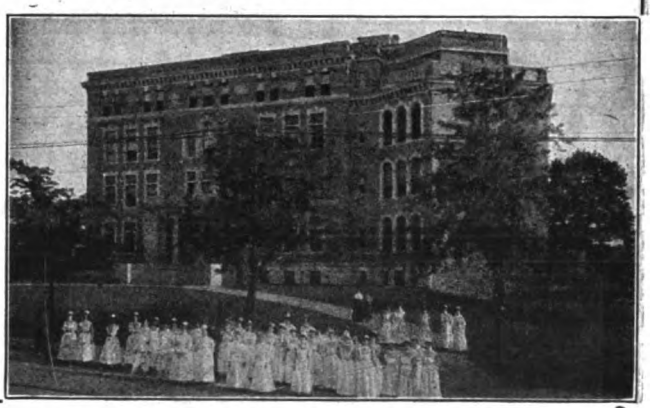

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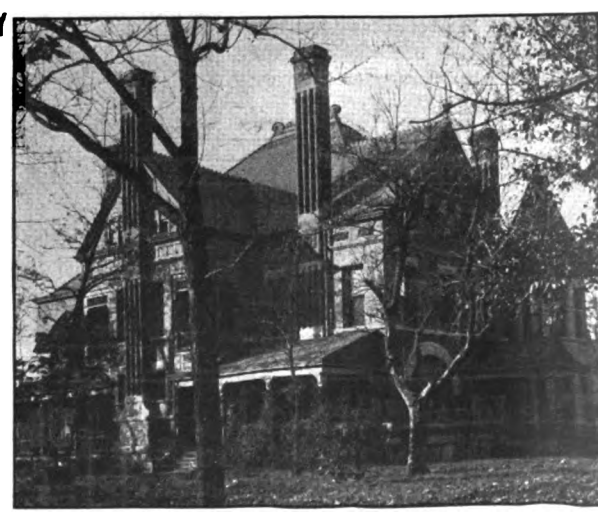

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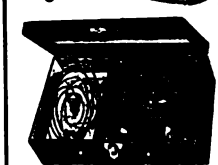

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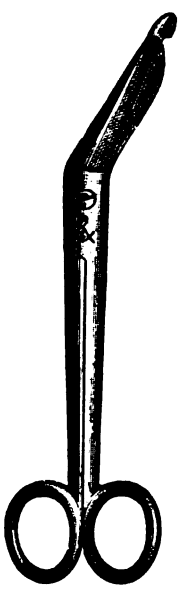

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EDITORIAL

The Western Medical Review now opens its columns for the first time for the free and frank discussion of any and all subjects of interest to the physician and surgeon of the great middle west, and it asks in particular for the views and thoughts of the great army of so-called "country doctors" rather than the scientific efforts of a few specialists, or the clique or crowd of a few doctors of some school or college of medicine, or of the self-appointed committee of a medical fraternity.

Our aim and object will be broader thoughts and wider aims for the entire medical fraternity, and an opportunity for the young and unknown doctor, without being compelled to bow to the formal ethics of some one dressed with a little brief authority.

In fact, it will be independent in every form and shape, and remember that the doctor who always says "our" society, merely voices his own opinion, and wishes that opinion to be the opinion of the society, and uses the society merely for his own personal advancement.

We are, and shall remain, absolutely independent of any medical clique, crowd or society, giving to our subscribers and advertisers SERVICE. QUALITY and RESULTS.

THE EDITOR.

Control of Venereal Disease in Australia

In Western Austrial, quite a drastic law has been recently enacted dealing with venereal disease. It has provisions regulating both the patient and his physician.

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Regulations Applying to the Patient: Everyone suffering from venereal disease must, within three days of his recognition of the fact, place himself under medical care, under penalty of a $100 fine. Such a person must continue under medical care until he receives a certificate of cure, also under like penalty of a $100 fine.

If he should change his physician, he must give the name and address of his last medical attendant to his new physician (so that the latter may notify the former of the change).

In the case of a minor (under 16 years of age) afflicted with venereal disease, the parents or guardians are required to secure observance of the act under penalty of a $50 fine. Further, under like penalty, they must report to the Commissioner of Health any failure of such a minor to observe the regulations.

When the Commissioner of Health has information that a particular individual is suffering from a venereal disease, he may give written notification to such a person requiring him to place himself under medical care or to produce a certificate that he is not afflicted. If the commissioner is not satisfied with such a certificate, he may have the suspect examined by any health officer or by two designated physicians. If the report from such an examination be positive, and it be judged that there be risk of infecting others, the Commissioner may issue a warrant for the arrest and detention, for two weeks, of the person in question, in a hospital, during which time any necessary examination may be effected. If further detention be thought necessary, the governor, on recommendation of the commissioner, may issue a warrant for the arrest of the sufferer and his detention for such time as he thinks fit, and during treatment. Such a detained individual has the right to court appeal, and an examination by two physicians, one of whom he may choose, and who are to certify as to his actual condition. This appeal may not be repeated within six months. Warrants issued under the act authorize the use of force, and require the police, under penalty of $100 fine, to lend all required aid.

Further, it is provided that any person who knowingly does, or suffers, any act which infects another with venereal disease, may be fined $250, or be imprisoned, at hard labor, for six months.

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The Call of the Hour

"God, give us men today." The Nation's prayer, voiced by Elihu Root last Monday, is no less that of the medical profession. The "genuine, sincere, devoted men . . . who love their liberty so much that they are willing to give their liberty for others as well as claim it for themselves" must be found in the individual walks of practical life.

God give us, then, these men of "plain, practical, and sensible hard work" in the medical profession. Now is our opportunity, the opportunity to lighten the heaviness of heart, which presses with the burden from the waste of mind and strength and opportunity upon our leaders in thought and activity, or at least puts a violent check upon their former progressive promise.

God awaken us, the physicians of America, to the responsibility which their calamitous preoccupation has flung upon the younger nation. Awaken us to that "noble idealism and sincere capacity for selfdevotion" without which hard, practical endeavor is worthless, and apt to be selfish. Our physicians have been wont to look toward their personal gain, their necessary livelihood, their legitimate ambition, their praiseworthy hunger for knowledge and closer acquaintance with scientific fact. These things, however, are not enough. Not enough even the general care for the patient's welfare, too often casual, desultory, and secondary to personal advantage. With even the most sincere intentions this is bound to be so, unless God grant us to be men.

It is the bigness of men that must be thrown into the breach made by the loss of this war. It is this for which the time calls out. For the physician this means the effacement of personal prejudice, an outreaching of personal limitations toward a new attitude. Not what we can get out, but what we can put in, what we can find there and awaken to life, should be our aim. Leaders from the other side have taught this greater humanity for the patient, this larger dynamism which has failed to find its way in the complex and difficult dealing with environment.

Medicine is no limited scheme, or bundle of associated schemes, for personal aggrandizement, or even for high grade exploitation. It is rather the humble approach to tremendous problems which represent the communal struggle toward efficiency and progress. It finds in the sick individual a con-

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densation and an intensification of the same struggle with a like accentuation of the result of failure in the struggle. Hence the importunate need, in this day, for the awakening of the "noble idealism and sincere capacity for selfdevotion" resting upon the one sure "basis of plain, practical, and sensible hard work" in thought, in research, in willingness and readiness to come forward with an open mind, and with an unstinted application of the best that is in us to the solution of community problems or to the even more exacting problems of the individual life itself immeasurable in capacity for health or disease.

God give us these strong men who will give and give, that in giving they may find and save vital human material.—*New York Medical Journal.*

The Case of Doctor Grayson

President Wilson sent to Congress on January 18th the nomination of Passed Assistant Surgeon Cary T. Grayson, U. S. N., to be medical director with the rank of rear admiral, to fill a vacancy created by the naval appropriation act. Doctor Grayson was born on October 11, 1878, and appointed Assistant Surgeon in the Navy from Virginia on June 28, 1904. He has had a total service of twelve years and seven months, five years and two months of which were at sea. During his second tour of sea duty he was medical officer of the U. S. S. Mayflower, the President's yacht. The seven years and five months in which he has been serving on shore duty have been passed in Washington, and during the greater part of this detail he has been assigned as the attending surgeon to the White House.

Should the Senate confirm his nomination Doctor Grayson will remain in the grade of medical director with the relative rank of rear admiral for nearly twenty-six years before he is retired because of age. This means that during that period one of the three positions with the grade of medical director and the rank of rear admiral, which were authorized for the medical corps by the recently enacted naval personnel bill, will not be open to other surgeons. He will jump 127 officers in the medical corps, and will jump the grades of surgeon and medical inspector entirely, and take precedence over more than 700 officers in the line and staff so far as rank and pay are concerned. Should his nomination be confirmed, Doctor Grayson will succeed the present Surgeon General as the ranking med-

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ical officers in the service for a period of fourteen years with the pay and emoluments of a senior rear admiral.

Probably no other nomination for promotion has ever been made either in the army or the navy which has aroused such widespread comment and such general condemnation. It is said that no officer of the navy has ever before been jumped over two whole grades. The promotion will be equal to one of about 400 numbers in the line. Some idea of what this means is shown by the fact that Commodore George Dewey was promoted four numbers for winning the battle of Manila Bay, and when made a full admiral by a special act of Congress later, he was jumped six more numbers. Naval Constructor Hobson received a promotion of ten numbers for sinking the Merrimac, and Rear Admiral Evans was promoted four numbers as a reward for gallantry in action at Post Fisher.

When the personnel bill was enacted by Congress permitting promotion by selection, it was understood as a matter of course that length of service, duty performed in the different grades, and seniority were to be given consideration in making a selection for promotion. An exceptional record of contributions to science, or an overwhelming and selfevident measure of executive ability, might with justice be made the basis of a selection which would overrule the claims of mere seniority. Such qualifications led to the promotion of Wood, of Pershing, of Greeley, and of Peary, but all these men had rendered extraordinary services. Doctor Grayson has been a capable and efficient officer, he has performed well the duties which have been assigned him, but he has not made any brilliant contributions to the science of medicine, he has not even had an opportunity as attending surgeon at the White House to display unusual executive ability, and, valuable as the health and welfare of the President is, he has not in the care of the health of the President and his family rendered such extraordinary services as warrant such extraordinary promotion. The nomination looks so much like public reward for a private service, that we are grieved and surprised to see the President of the United States placing himself under this suspicion, and we do not believe that the Senate of the United States will confirm the nomination.

Both the Navy and the Army need additional surgeons. If the precedent established by this nomination is allowed to stand it will be even more difficult in the future, than it has been in

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the past, to induce young medical men to devote their lives to the service. Such an appointment is most disheartening and demoralizing to the service. If this sort of procedure is tolerated in the staff corps it might establish a precedent for similar action in the line. Notwithstanding the fact that the legality of the nomination has been upheld by the Department of Justice, we have grave doubts whether the President has any authority to promote by selection in the staff corps, since the bill of August 29th, creating vacancies in both staff and line of the Navy, specifically states that the promotions in the line should be by selection, and tells how the selection should be carried out, but does not make any mention of promotion by selection in the staff corps. If promotion is to be based upon personal favoritism no one would feel justified hereafter in recommending service in the Army and Navy as a career for young medical men. One of our most distinguished physicians, who has yearly urged the large classes of medical students whom he teaches to enter the Government service, has decided to do so no longer. Other teachers will undoubtedly follow his example if the Grayson appointment is confirmed by the Senate. —(New York Medical Journal.)

Tetrachlorethane Poisoning

The chemical industries of the United States are developing with gratifying rapidity, but it could hardly be expected that all the problems that are involved would receive the same degree of attention; and as a matter of fact we are somewhat backward in the investigation of the special occupational hazards that this rapid growth involves. Many of the chemicals that we are producing are known to be toxic or poisonous to some extent, and we are perhaps too ready to assume that effects of this kind are transitory and of no great importance.

One of the substances that has come into use since the war began is tetrachlorethane, $C_2H_2Cl_4$, which is an important constituent in the manufacture of a special varnish for making cloth or canvas impervious to moisture. The varnish (or "dope") to which we refer consists of pulverized acetate of cellulose, dissolved in acetone, carbon tetrachloride, or tetrachlorethane. Acetone is an excellent solvent, but it costs a great deal more than tetrachlorethane. Furthermore, tetrachlorethane has the advantage that it tightens up the fabric far better than any other substance that has yet been tried, and "dope" containing

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it is therefore specially favored in connection with the finishing of the wings of aeroplanes.

Exposure to the vapor of tetrachlorethane causes the workmen to suffer from serious disease of the liver, and jaundice, accompanied by enlargement of the liver, likely to show itself after an exposure lasting for six weeks or so. The kidneys, heart, and intestines are also affected, and in fatal cases of poisoning from tetrachlorethane post mortem examination shows marked degenerative changes in all of these organs, but particularly in the liver.

The gravity of this hazard is shown by the fact that in one German factory in which fifteen persons were employed in applying tetrachlorethane varnish, twelve were seriously affected by the fumes, and two of the twelve died. In twenty-seven aeroplane factories in Great Britain (employing about 6,500 workers) some 300 or 350 employees are engaged in applying tetrachlorethane dope to the wings, and we have seen a report of forty-three cases of serious illness among these employees, with seven deaths. The fatal issue usually occurs about two weeks after the initial symptoms are observed. Large numbers of aeroplanes are made in the United States, and although we do not know to what extent tetrachlorethane dope is used here, we feel that attention should be called to the hazard quite prominently, especially in view of the fact that American manufacturers of and dealers in this substance appear to be wholly unaware of its dangers.

It is important to pay the strictest attention to the ventilation of rooms in which tetrachlorethane is to be used. There should be no less than thirty changes of the air every hour. English manufacturers have found that a change of this degree of rapidity will almost wholly prevent serious poisoning, if the fresh air is introduced at proper points; but when the number of changes of air falls short of twenty per hour, jaundice invariably shows itself wherever tetrachlorethane is used continuously and in any considerable quantity. As the vapor of tetrachlorethane is about six times as heavy as air, the exhaust fans that are used for ventilation should be placed at the floor level (or below this level when ducts of large size can be arranged beneath the floor), so that they may draw the fumes out of the room as promptly and effectively as possible; and the fresh air should be introduced as near the workers as practicable. It is important to alternate the work of persons who are exposed to tetrachlorethane vapors, and a distinct improvement

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in conditions has been found to result when the routine of the shop is arranged so that the employees can spend two days in the region of danger and two days at some other kind of work, alternately. In one British factory the women engaged in applying the dope are required to be out in the open air for half an hour during the morning, and for another half hour during the afternoon.

There should be medical examination of the workers at least as often as every two weeks, and the recommendations of the physician should be carried out absolutely. A worker who has been affected by the fumes should not be allowed to return to work of the same nature until the examining physician has certified in writing that he is quite well again, and it is preferable to assigne him to other work permanently.

The warning here given should be carefully heeded, because although tetrachlorethane is mainly employed in special varnishes, it is coming into use for other purposes also.

Vasomotor Reflexes of the Skin—P. W. Nikolsky (Roussky Vratch, September 10, 1916) points out the importance of studying the vasomotor reflexes of the skin in connection with skin diseases. He distinguishes the red from the white dermographism, the latter being due to active vasconstriction. The vasomotor reflexes may be different in the same person on different parts of the body, the vasodilators being more active on the trunk than the extremities; or red dermographism may be observed on the chest and back, and white dermographism on the extremities. This is explained by the difference in sensitiveness acquired by the peripheral nerves of the protected skin of the trunk and the exposed skin of the xtremities. When white dermographism is observed on the extremities, various manifestations of asphyxia may be noticed, this being due to the spasm of the peripheral vessels. Abnormal vasomotor reflexes are due not only to pathological states of the skin but such systemic causes as would effect the peripheral vasoconstrictors and vasodilators, as in autointoxication, the various disturbances of the blood and in conditions properly designated by the French as dermatoneurose toxivasonotrice. It is only by directing attention to these vasomotor manifestations that improvement of the skin lesions is achieved by therapeutic measures. Thus, in the presence of red dermographism, the author administers digitalis, ergotin, hydrastin, stypticin together with bromides of quinine soda, etc., while such vasodilators as salicylate of soda, aspirin, phenacetin, etc., are employed in white dermographism.

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ORIGINAL ARTICLES

A New Treatment for Status Epilepticus

Wm. Held, M. D., Chicago, Ills.

He, to whose lot it ever fell to attend a case of status epilepticus, will appreciate the feeling of misgiving which take possession of the physician as he approaches such patient. The attack at first has the character of one of the many which the particular epileptic experienced in the past. The family of the patient extends the usual aid by protecting the epileptic from injury during convulsions, by releaving any constrictions due to tight clothing and by inserting a piece of rubber or wood, if possible between the teeth to prevent biting of patient's tongue and such similar measures. Instead of the patient regaining consciousness shortly after cessation of the convulsion, as has been the case in previous attacks, the patient remains unconscious and soon relapses into another convulsive fit. This is a sad forboding and the alarm soon appears justified as the condition progresses. One seizure follows another without the patient regaining consciousness during the intervals. After a period of time, varying with different patients, the sad demonstration of complete exhaustion and deep epileptic intoxication of brain centers, is ended by death. This being, as is well known, the usual outcome of status, I have often called the families attention to the serious nature of the condition and added that recovery from status is extremely rare, almost unknown. Where so much is to be gained and almost nothing to be lost, any reasonable method of treatment should be earnestly employed. Arguing that the remedy which has proven successful in the treatment of a few epileptic attacks, might and should be of benefit in a series of seizures, I determined to put this reasoning to a practical test as soon as opportunity offered. Within one year, I have used the treatment to be described, in six cases of genuine status. Treatment and results obtained were as follows:

Hot application to patient's feet, cold to head. Plenty of fresh air was admitted by opening the windows, during which time care was taken to protect the patient from being chilled, the head only remaining exposed to the air. Any phlegm in patient's mouth was removed by the protected finger to prevent forcible inspiration of such during convulsions. A high rectal enema of two quarts of warm water was given. This also aided in voiding bladder contents, which sometimes was assisted by

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hot application over bladder and kidneys. All treatment was carried out without regard to the convulsive state, for which reason a handy assistant was essential. One arm was bared, constricted above elbow and from 10 to 20 CC. of blood drawn into a glass syringe. The larger amount was withdrawn in such cases showing great congestion of head.

Blood was placed in test tubes and chilled under running water or placed on ice where such was on hand. It was then centrifuged at the bedside and 2 CC. of the serum drawn off and placed in a sterile bottle. To this was added 2 CC. of sterile physiological salt solution, the whole shaken thoroughly and 2 cc. of the resultant solution poured out, thrown away. To the remaining 2 cc. were again added 2 cc. of the salt solution, shaken and again 2 cc. poured out. This process was repeated until 15 times two CC. of salt solution had been added and poured away. To the last 4 cc., that is the 16th addition, were added 2 cc. of antiepileptic serum (dissimilar) obtained from any epileptic under treatment at the time.

After thoroughly shaking of this solution, *five* drops were withdrawn into a hypodermic syringe and intravenously injected. The result was that in four of the so treated patients, the interval following the injection was not again succeeded by an attack. The patient slept for some time and gradually regained consciousness, behaving as after ordinary attacks. Two out of the four patients experienced a delay in their regular attacks of five and five and one-half weeks, respectively, following the injection of serum. This may have been due either to the influence of the antiepleptic serum injected, or to autogenous antiepleptic ferments developed in the system during the status. Two patients died without having demonstrated any difference in condition following the injections. In one of the fatal cases, the antiepileptic serum was not used, it not being on hand in time. My reason for employing this ferment (which is the same used by me in the treatment of all epileptics) is based upon the prompt response in the nature of reactive attacks, which epliptics have shown after such injections, thereby demonstrating the homogenous character between the injected and the disturbing elements present in the epileptic. In view of the fact that status is not so very rare and mostly fatal, the suggested treatment (considering the results obtained) warrants its earnest consideration. The injections, being intravenous, require strict adherence to asepsis, the work preferably done by one versed in specific serum therapy.

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Laboratory Diagnosis of Early Tuberculosis

Miles J. Breuer, M.A., M.D., Lincoln, Neb.

When the search of two or three specimens of sputum from a patient whom we suspect of having pulmonary tuberculosis fails to reveal any Tubercle bacilli, we are not justified in discharging him, with the statement that he has no tuberculosis. There are other thoracic conditions in which the differentiation of tuberculosis from syphilitic or pyogenic infection, circulatory disturbance, or neurosis on a clinical basis is more or less difficult, and the necessity for some other diagnostic method arises. These facts are so well recognized, that no amplification of the above statements is necessary in this place. We wish to inquire into the methods at the disposal of the practitioner, for accomplishing this purpose.

We are far from having an accurate and conclusive laboratory test for incipient tuberculosis in cases where we are unable to find bacilli in the smear from the sputum. The finding of the bacilli is postive and absolute; there is no getting around that. The failure to find them, even on repeated searches, does not prove anything. At times, when the sputum shows now organisms, the administration of 5 gr. of potassium iodide three times a day for a couple of days will succeed in loosening organisms that are enclosed in granulation tissue, and throwing them off in the sputum. When that fails, the practitioner is, in a measure, "up against it." Yet, there are methods by which he can shed considerable light on the problem.

From time to time, many tests have been put forth, discussed voluminously in the literature, and then dropped from active use and attention, till now we have a long list of them. Each writer, pleading in behalf of a new test, speaks disparagingly of the preceding ones, only in turn to have his own fall into the shadow of doubt. The fact remains, that each of these methods gave satisfaction in the hands of the man who understood it, worked with it, and studied it; he knew what it would not do, and what value to place on its results. And all of these methods are useful; each one of us can use them profitably if we only understand them. But we must understand that none of them is any magic process, which, like the speedometer of an automobile, will indicate unequivocally with a little pointer on a dial, just what the condition of our patient is. You could

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teach a Digger Indian to be a good doctor, if the practice of medicine were like that.

The point is, we have at our disposal, many laboratory tests which will shed light on the existence of an incipient or latent pulmonary tuberculosis (by that, meaning a process which is not discharging bacilli in the sputum); but the value of each individual test is the same as the value of any individual clinical symptom. That, by the way, is the value of any laboratory test, in any condition, with a very few exceptions. Only a very limited number, indeed, of diagnostic laboratory tests are absolutely pathogonomonic to the exclusion of all other evidence. The results of the tests must be weighed, the various factors balanced; each is but the link in a chain, and the clinical links are as necessary as the laboratory links; and the diagnosis is the rounded judgment drawn from the entire picture which they present.

The following discussion does not by any means include all of the tests which have at various times been advanced. In making the selection, two requirements have been kept in view. We mention those tests, which, though not giving an absolutely definite answer to the "yes or no?" inquiry for the presence of tuberculosis, still have value enough to justify their performance; and those which are not so complicated, but that they can be performed by the average physician, or which at least he can have made for him at the laboratories of clinical pathology to which he has access.

Beginning with the sputum, we may mention the various concentration methods, which have for their purpose the concentration of a few bacilli in a large amount of sputum, which might otherwise escape detection. Various methods have been used, such as that with sodium hydroxide, antiformin, etc., which have for their purpose first, the digestion of the mucus; second, the emulsification of the mixture with a liquid of low specific gravity, as ligroin, chloroform, etc., and third, the centrifugation to the point where a scummy layer is formed between the two layers of liquid, in which layer the tubercle bacilli are caught.

The following is a very simple method, which is not original with the writer, but as the source of it has been forgotten, the proper credit cannot be here given. Place 5 cc. of sputum in a 15 cc. centifuge tube, and add 5 cc. of a 10 per cent NaCl solution ,and shake in a shaking machine or by hand until it is a thin, homogenous fluid, as free from lumps as possible. Add

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0.5 cc. of gasoline, and repeat the shaking until the gasoline is thoroughly emulsified. Centrifuge at a low rate of speed until the gasoline forms a supernatant liquid, beneath which is a scummy layer, in which tubercle bacilli will be found if present in the original specimen. Staining is done by the usual method.

The presence of elastic tissue is suggestive of tuberculosis, in that it indicates destruction of lung tissue. When present in large amounts, it may be seen as small yellowish particles, by the naked eye. For microscopic examination, the sputum should be pressed between two glasses. The following characteristics will differentiate the elastic fibers from ordinary fibrous tissue: their undulating outline, their curling ends, their sharp edges and uniform diameter, and their intense refractility. The presence of red blood cells in the sputum, intimately mingled with the other elements, is also indicative of destruction of lung tissue, and suggestive of tuberculosis.

In every specimen of sputum, there is a greater or less number of white blood cells. In specimens from the ordinary affections of the bronchial tract the cells are largely polymorphunuclear leucocytes. In pulmonary tuberculosis, it is common to find the lymphocyte or small-round-cell type, with large, dense nucleus, and scant protoplasm. The finding of a majority of these in a sputum, is therefore evidence in favor of tuberculosis.

The detection and estimation of albumin in the sputum has been much discussed of late. The digest of up-to-date opinion on this matter is as follows: The absence of albumin in the sputum, excludes active tuberculosis as a source of the specimen. The presence of albumin *per se,* is not of great diagnostic significance. Quantitative relations are important. The quantity of albumin appears to be a direct index to the activity of the lesion. Albumin is qualitatively present in tuberculosis, pneumonia, pulmonary edema, pulmonary abscess. It is present in all cases of pulmonary tuberculosis, and in 80 per cent of them it is over 10 per cent by volume. It is absent in chronic rhinitis, pharyngitis, laryngitis, bronchitis and asthma, or present only in traces. In acute conditions, it is absent in superficial inflammations, but present in lacerations or abrasions, or wherever there is exudation of serum.

The quantitative estimation is performed as follows: Collect not less than 10 cc. in a dry receptacle, rejecting samples containing blood (which will always give albumin tests). Pour into a 50 cc. graduate cylinder, add 3 times its volume of water

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containing 1 per cent of acetic acid, diluting the sputum to ·25 per cent. Stopper and shake vigorously. Filter through paper into a graduated centrifuge tube, collecting 10 cc. Add 5 cc. of 5 per cent potassium ferrocyanide ((yellow prussiate) and centrifuge 5 minutes at average speed. Record amount in volumes per cent. Each 0.1 cc. is 4 per cent by volume, after correcting for original dilution. The weight per cent may be calculated by Purdy's method.

Intraperitoneal injection of the sputum into a guinea-pig is a procedure of great value. Postive results from it is as valuable as the finding of the organisms in the smear; and negative results are a very strong piece of evidence against the presence of tubercle bacilli in the sputum. We must remember that the absence of bacilli in the sputum does not exclude a tuberculous process in the lung. The utmost precautions are taken in collecting the specimen, to clean the mouth and sterilize utensils, so as to entail the minimum of external contamination. A certain amount of contamination is unavoidable, but as a rule the guinea-pig resists pyogenic infection or recovers from it, while it is extremely susceptible to tuberculous infection. In case the injection contains tubercle bacilli, at the end of three weeks the guinea-pig will be found to have tuberculosis peritonitis, or a generalized miliary tuberculosis, at autopsy.

It might be mentioned that a search of the stools for tubercle bacilli, in cases of doubt, would not be amiss, as it has repeatedly happened that the organisms have been found in the stools of pulmonary cases before they were found in the sputum.

The complement-fixation test for tuberculosis has been receiving considerable attention of late. That test is still in its experimental stage. Wasserman himself, after showing the value of the complement-fixation technic in the diagnosis of syphilis, worked also with tuberculous sera, but found that the results were not dependable, as in the case of syphilis. The fault lies in the difficulty of preparing a suitable antigen. A large number of antigens have been worked with, many of them having given more or less dependable results. As the complement-fixation test is one which very few physicians are doing for themselves, we will not go into the details of technic in this paper. It is to be expected that before long, someone will succeed in preparing a dependable antigen, and when the test is placed on a footing with the Wasserman test, the various

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laboratories who do work for the practitioner will lose no time in bringing it to the attention of the medical public.

A simple leucocyte count will, however, be very useful in many cases, in differentiating the tuberculous from pyogenic infections. The pyogenic infections will all produce an increased leucocyte count, with the greatest increase in the polymorphonuclears. In tuberculosis, the white count will, if anything, be lowered. It may be noted here that in advanced tuberculosis, with secondary infection, there will be a polymorphonuclear increase in the leucocytes; but such a condition is not difficult to discover by other means. In such cases where it is necessary to make the differentiation between tubercular and pyogenic infection, the white count is a very valuable sign.

The leucocyte classification of Arneth has been shown by a number of workers to be quite reliable. In this method, the leucocytes are classed according to the number of lobes in which the nucleus is found. It is considered that the nuclei with one or two nuclei are less able to combat infection than those with a larger number. The percentages of the different varieties are about as follows, in the normal individual (according to Kahn):

I	II	III	IV	V
5 per cent	35 per cent	41 per cent	17 per cent	2 per cent

First an ordinary differential count is made. Then, 100 neutrophiles are counted, and divided as above. The sum of I and II is taken as the index, making the normal index about 40. In tuberculosis this index is raised, while the percentages of IV and V are lowered. This is rather a tendious test to perform, but one will be repaid for the work, as it is about the most valuable among the secondary tests.

The diazo-reaction of Ehrlich, and the urochromogen test of Weiss, are two closely related reactions performed on the urine, about the value of which there is much disagreement. Whatever may be the refinements of the differences of opinion between the various workers with these two tests, the fact remains unassailable that in a large number of cases of tuberculosis, these reactions are positive. They may therefore be regarded in the light of a symptom, and their presence should be looked for in all suspected cases. They are very easy to perform, and if found positive, while not constituting the entire chain of evidence, will form a very suggestive link. The diazo-reaction is given by an unidentified coloring matter of urine. This substance, when oxidized by potassium permana-

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gante, passes into the urochrome, or urinary coloring matter, thereby giving the urochromogen test. The tests are positive in typhoid fever, and occasionally in normal urine.

For the diazo-test, two reagents should be kept on hand: (1) surphanilic acid, 5 gms.; concentrated HCl, 50 cc., and water, 1,000 cc. (2) ½ per cent aqueous solution of sodium nitrite. To a mixture consisting of 50 parts of (1) and 1 part of (2), is added an equal volume of urine. The mixture is then shaken and quickly layered with ammonia. A red ring at the point of contact will indicate a positive reaction.

There has been so much disagreement on the interpretation of the urochromogen reaction, that it is advisable to use a standardized technic. The following is recommended: Put 5 cc. of a one-third dilution of the urine (1 part urine and 2 parts of water) into each of two test-tubes, so that the column of liquid is 3.5 com deep. Hold over a strong white background, and place 0.1 cc. of a 1:1000 KMnO4 solution in one of the tubes. Hold the tubes vertically, and looking into them from the top, record any increase of yellow at the end of 30 seconds as a positive urochromogen reaction.

A test for the presence of tuberculosis is based on the fact that salicylic acid, when present in the blood, appears in inflammatory exudates from the lungs, but is not secreted from intact bronchial mucosa. This will aid us in differentiating processes which are limited to the bronchial mucous membranes, from those which have extended into the lungs. The patient is given 30 grains of salicylic acid, and the sputum is collected for twelve hours. The sputum is tested for salicylic acid with a 10 per cent solution of Ferric chloride. A violet color indicates a positive reaction.

In conclusion, mention may be made of the value of the tuberculin reaction. The von Pirquet intracutaneous method is the only one used to any extent at this time, as the other methods are either unreliable or dangerous. A negative von Pirquet test is of value in ruling out a tuberculous process, providing we have some control method of knowing that the tuberculin used is potent. This is not difficult, as it will be seen in the light of later statements, that one will not have to go far to obtain a positive tuberculin test. Therefore, in general, a negative von Pirquet test is reliable. A positive test on a child, say up to the age of ten or twelve, is of value in indicating an active lesion. But in an adult, a positive von Pirquet is quite without value in proving the presence of active tuber-

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culosis. Statistics from various post-mortem rooms give between seventy-five and ninety per cent as the proportion of adult persons examined, who have had at some time or other, tuberculous lesions in the lung. The great majority of these have been overcome by the patient's resistance, and healed perfectly, without the patient's having ever been aware of it; the majority of these persons have never had the least reason to suspect tuberculosis, and have been brought to the post mortem room by other diseases. A positive von Pirquet reaction will persist a long time, often many years after a small focus of this sort has healed entirely. Therefore, to obtain such a reaction, means that the patient has at some time or other had a tuberculous focus in the lung, the size and activity of which may or may not have been very limited, and which may or may not have healed completely, long ago.

At the risk of seeming to repeat uselessly, we cannot help stating again, that a negative result in any one of these tests is not equivalent to an indication that the patient is free from tuberculosis; neither is a single positive result sufficient to establish a positive diagnosis. The idea is, to consider the patient very carefully, and as completely as possible both from a clinical, and from a laboratory standpoint. We would not let any single clinical symptom influence our diagnosis one way or the other; but the entire picture is decisive enough. It is advisable to perform as large a number as possible or practicable, of the laboratory tests. When we have the evidence of three or four of them in the same direction, especially if supported by strongly suggestive clinical signs, we cannot afford to overlook it. When three or four tests depending on different principles, say for instance, on blood, urine and sputum, all agree on the same side of the diagnosis, though neither of them alone would be conclusive, the combination of results is evidence powerful enough to justify our basing our treatment of the patient on the verdict.

216 Security Bldg.

ABRAHAM LINCOLN.

By Curran Pope, M. D., Louisville, Ky.

An address delivered before the Lincoln Memorial Meeting of the Muldraugh District Medical Association, held at the Lincoln Farm, near Hodgensville, LaRue County, Ky., on the 17th day of September, 1916.

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"Oh, why should the spirit of mortal be proud?
Like a swift, fleeting meteor, a fast flying cloud,
A flash of the lightning, a break of the wave,
Man passes from life to his rest in the grave."

Standing upon this ground made immortal by the birth of Abraham Lincoln, beside the lowly log hut in which the humblest, simplest, and plainest of our National Leaders was born, within the walls of an edifice erected by the free gifts of a generous and liberty loving people, we meet, my medical brethren and fellow citizens, that we may pay tribute to, and take courage and inspiration from one of the greatest men America produced. His memory lives in deeds, not of valor, not of slaughter, not of blood reeking fields and vanquished foes, but homely ones, deeds that lightened misery, made the sad joyous, restored lost sons to weeping mothers and doomed husbands to heart-broken wives—a man whose traits, simple and human endeared him to us and makes his memory a blessed and a hallowed one. To-day in his case, we reverse the Shakespearean dictum that the "Good is oft interred with their bones."

We Kentuckians may take a just pride and a pleasure in knowing that there has been created a Nation's Shrine, permanently set aside by the people, under the control of the Federal Government, to which in future years, pilgrims the world over, will come and hold communion with an unforgetable memory. One hundred and seven years ago, on February 12th, 1809, on the big South Fork of the Nolin River, a plain and simple couple, living in the then backwoods of Kentucky, and now the County of LaRue, had born unto them a male child who was destined to sway the hearts and lives of his countrymen and to hold in the hollow of his bony palms the destinies of millions of souls. Here upon this little sterile farm was born a human light, whose very shape and build and look were like the environmental aspects that surrounded him. Here on this sod he was to lay in his early life the foundation for that rugged strength and power of endurance that he strained in the dark hours of Chancellorville and that ever marked the career of this wonderful and unusual man. We speak a great deal of heredity and environment. While his parents came of ordinary good stock, still his father was coarse and illiterate, his mother probably tubercular, and his environment so barren physically and intellectually, that we wonder as to whether or not the indomitable persistence, the perseverence and success that this man attained was in spite of heredity and environment. He had no chance in life, coming as he did, from the commonest clay and no opportunity for betterment save what he himself made, and it is

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this, and his upward struggle that has made this lowly, clumsy backwoodsman, the model and the inspiration for the struggling youth of our Nation. In Kentucky, later in Indiana and Illinois, he grew and developed, making his character "even as you and I." From inhospitable opportunity and lack of chance, he turned the tables of adversity and from his poverty and dire needs he struggled upward, doing unselfishly for others, learning to love humanity in the abstract, broad, deep, lasting. From his own struggles and deprivations he learned how others struggled and suffered and therefore felt a deep and personal sympathy for them; from his contact with the people he learned what books can never teach, an experience and knowledge of men. From wood and vale, from land and sky, from the terrible battle to extract a living from a barren land, from solitude and the simple life, he was learning that courage, that humor and that truth that was to stand him in good stead when the dark days came—when hurled into the chaos of an internecine strife he saw brother smite brother, saw a great Nation rent asunder, saw the white stripes of courage, the red bars of blood and the stars of liberty and freedom threatened with destruction and partial eclipse. From his life's record we medical men, espcially those that practice in the country can take unto themselves the lesson here recorded, meeting the inhospitable elements, the difficulties of the work, the lack of sympathy, the failure to remunerate, may yet pluck the precious jewel from sweet adversity and purifying the soul through endless effort, develop to its utmost a kindly helpfulness, a resourcefulness, sympathy, courage, and humor, like unto this man, whom we honor today and whom all the world loves. Let it not be said that we cannot and will not profit by a knowledge of the early struggles of Lincoln, but let us each in his sphere carry in his heart and breast his undaunted courage, and from trial and tribulation uplift ourselves to a seat among the pure of heart.

Lincoln grew to young manhood passing through many phases of life; farmer, frontiersman, merchant and politician, finally reaching the goal he had so longed for namely, the practice of law. At that time the fully matured man had developed a body, a personality and a character that made him unique in every way. He stood like a tall sycamore six feet four inches; long of arm, lank of leg, with great big bony hands and feet; with a skin dry and yellow; a face thin and gaunt; cheek bones high and prominent; angular at every turn, awkward and gawky, yet possessing tremendous strength from muscles like flexible steel wires. He was stooped shouldered with a tendency to walk with his scraggy neck thrust forward and his mouth awry. In their sockets were put a pair of strong eyes, sunken,

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grey and melancholic, partly hidden by their cavernous orbits. As though God had attempted a contrast, He made this uncouth, ugly man honest, good natured, courageous, gentle, generous, fair, kind, chivalrous, self-reliant, sincere, cool calm and slow to anger; blessed him with a quaint and charming humor; made him eloquent of speech, a splendid story-teller; sensitive, imaginative, tender as a woman; yet self-willed, determined, original, with unconventional manners. This country clod-hopper, woodchopper, peddler, pioneer, abolitionist, politician, and lawyer, rose from his lowly estate to be the proud possessor of the highest gift within the power of the American people whom he loved in fact and not in fiction of the political speech makers. To me, it would seem that Lincoln's features would have been cold and chill, were it not for the fact that they were plastic, that over them could play that redeeming smile that welled from the deep chambers of a heart so warm, so generous, so large and so loving that all humanity seemed to find an abiding place and yet leave within its chambers vast veldts yet untouched. To me of all his traits his very humanity with its frailnesses, and weaknesses, makes him more a man and less a God and brings him and his memory into such close touch with us. Heroes we all admire, are willing to accord to them that wonderful power, that transcendent ability and that mystery that sets them apart, but some way, or some how the possession and the exhibition of simple, plain, everyday frailities such as we possess, brings us in close harmony with him who could at one and the same time be of the earth, earthly and yet whose soul was attuned with the Infinite.

Lincoln possessed an almost uncanny faculty of presenting facts, simply and clearly. A clear presentation of facts requires a clear conception of facts, and perhaps this faculty was brought out and cultivated in the lonely solitudes of a lonely and unhappy youth, brought compactly together and shaped definitely by the hard knocks of experience even as the blacksmith compacts and shapes the molten mass under the powerful blows of his heavy sledge. Lincoln did his own thinking. This may seem trite and commonplace, but it is really surprising how few do their own thinking. The "herd" tendency and the rule of the "system" lead most men to learn secretly what the majority think, keep their ear to the ground for every change and after adopting the views of the multitude to blatantly express them as their own. Lincoln would never have been ruled by a system. Having become sure of his ground he would maintain it although always liberal and tolerant of the opinions of others. No man ever lived that respected more one's motives and he was the last to attribute sordidity and meanness to others, but really endeavored himself to find the truth.

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Would that all men, and especially doctors were less hasty to condemn their brother doctor, without facts, without knowledge and without that reasonable investigation that the truth seeker should ever possess before he indulges in the luxury of an expressed opinion. It is said that "the truth is mighty and will prevail," but its success and establishment may be long delayed, especially where any system or oligarchy endeavors to make all men equal, to suppress personal endeavor and discovery, and to rob men of the fruits of their labor and endeavor, under the specious pretense of good for humanity. Science in general and medical science in particular is at its best when freed from the trammeling influence of such repression, for it must ever be remembered that genius knows neither locality, creed, Nation, nor body of men, but springs like Minerva, full armed cap-a-pie without the walls of Academic University, in unlikely places and should be uplifted, not repressed. Few can weather the cruel grill, make good and achieve a great end as Lincoln did, but between the extremes lie many lesser geniuses and lights that an oligarchy would destroy, letting their gems of purest ray serene decorate some dark unfathomed cave, dooming them to mediocrity. We must bear in mind and practice in our own ranks the liberality and the breath that characterized this great American.

Lincoln is a shining mark to a man educating himself. If I were asked to give a reason why he learned so much I would promptly answer that he wasted no opportunity to acquire knowledge. His historians tell us that he loved not the laborious and rocky road to learning, nor had he the knack of ready acquirement, but what he did beget was the result of much travail, hard study and slow acquirement. He himself has likened his mind to a tablet of steel, upon which it was hard to engrave a single line, but once cut, it was almost impossible to ever erase it, and what he accomplished was in spite of the fact that he hated mental drudgery. I have personally learned from the hardest of knocks what Lincoln early learned, that there is no via regia to knowledge, and that everything that is well done requires time and careful preparation, and that the finding of the real facts in any field of effort only comes after hard study, cold analysis and thorough separation of the wheat from the chaff. Would that the medical profession in this respect, more often followed Lincoln's example.

The fool, the knave, and the charlatan profess to know even to all knowledge. It is the wise man who says "I do not know." It was neither humility nor hypocricy that led Lincoln to refrain from many claims to knowledge he did not possess, but in this as in all things he had an honesty of purpose in life that rose high above

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the petty, miserable, lying subterfuges of the dishonest, and we, as disciples of the Esculapian art can well afford to train our minds and attune our souls to a true appreciation of this part of his character, in the moulding of our own and in our dealings with our fellowmen. The young practitioner contending with "the slings and arrows of outrageous fortune" may "take up arms against (his) sea of troubles" in disgruntled fashion, but he had far better study the life of this plain man of the people and extract from the rich placer of his life, the glistening nuggets of his wonderful example.

Let a man take a position, right or wrong, that is opposed to the concensus of opinion of those associated with or about him, in private, business, political, or professional life and one of two things will happen; retirement to the shades of the unknown and the unheard of, or a fierce and persistent personal attack. The principle will be forgotten. If in this life one wishes to lessen friction, satisfy the multitude, avoid trouble and "rough sledding" he should bear in mind the profound and worldly wise dictum of Balzac, that, the wiliest politician is he who, swimming in the river of events, keeps his head above the surface and floating with the current appears to guide its course. In sum and substance to have no principles, no guiding star. Alas, this is too often true in medicine. There are indeed too few who, like Lincoln, raise their voice for truth and honesty, accept the personal penalty, the verbal or professional crucification that seems to follow from such deeds even though the outgrowth of the purest of motives. To read and ponder the many rebuffs, the many defeats, Lincoln sustained for what he believed to be the right, makes one feel that here we have an example of the value upon others of high purposes for indeed, the defending of principles to the bitter end and to the hour of defeat, requires blood and brawn like unto our martyrs. Strong inded is he who suffers thus, who so controls himself and his destiny that, Phoenix-like, he rises above the ashes of his defeat, uncompromising, and displaying no mean, no petty, no personal resentments. If we remain calm, if we be courageous, we may in like manner follow in the fotsteps of this matchless leader. If you have tasted the biter dregs of the cup of defeat, have felt the keen edge of soul-suffering it entails, have felt that never again could you breast the surging wave within the whirl-pool of life, then take down those volumes wherein is recorded the early, middle and late life and sufferings of Abraham Lincoln. To him, failure seemed to be but the crucible in which he was melted; each failure like each heating of the crucible seemd to remove again and again the slag and dross from his character, until urged and purified by many heatings he was like unto a pure and tenuous metal capable of infinite and intricate moulding.

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In these halcyon days when the damage-suit lawyer seeks to make litigation, when the unsuspecting physician presents an "easy mark" it were well to bear in mind his immortal words upon this subject. "Discourage litigation. Persuade your neighbors to compromise whenever you can. Point out to them how the nominal winner is often the real loser, in fees, expense and waste of time. Never stir up litigation. A worse man can scarcely be found than one who does this. A moral tone ought to be infused into the profession, which should drive such men out of it." Though his appearance was against him he was unusually successful as a lawyer, without in any wise breaking his own rule. Hill says of him: "During all his three and twenty years of active practice Lincoln never found it necessary to sacrifice his conscience to a code; he never surrendered his private principles for gain; his services were constantly in demand but they were never for sale; he served hundreds of clients, but was owned by none. His ideas of justice and honor were regulated by the latest decision; he recognized something higher than the judgment of a court of last resort. Yet he was neither an impractical dreamer nor a God." Here, my medical brethren we have epitomized a code of ethics worthy of any man.

He did not miss suffering. Malignity welled from its deepest and darkest pits to villify him; no accusation was too low or too mean but what was hurled against him; insult upon insult was heaped upon him mountain high, Ossa on Pella; personal malice and spite were vented upon him as rank and poisonous as the deadly cobra, until Honor blushed and Truth hid its head to think that he must suffer so. But he remained unmoved. Like some tall mountain of granite upon whose serried sides the wintry storms have beat until the polished rock shines and glistens, so he stood amid the storms of hatred and passion, undaunted, untouched, unflinching. Vengeance is mine saith the Lord of Hosts; this Lincoln remembered, and all through the hatred, pettinesses and even treachery of those around him, he went his way rugged, strong, unswerving. He sought no vengeance but forgave; practiced patience and fortitude at all times, and ever listened to the dictates of a heart that beat synchronously and sympathetically with all human suffering. Slow, honest, temperate in body, thought, word and deed, he bore without complaint the sorrows of a Nation, ever teaching us by personal precept and action. We appreciate Lincoln's heroic qualities as a great President, as the Saviour and Preserver of a now United Nation, as a martyr, but we love and revere his memory because he was at all times Lincoln, the man, a human, sentient being like ourselves. We love him because his life, character and achievements are possible

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to any man, in any line of occupation, for in all lines the elements of success are built upon the fundamental principles upon which he conducted his life.

This lank, loose limbed man never knew, never sought, never wanted rest. Melancholy brooded over him from birth to a piteous death closed by tragedy. But when the recording Angels trace with blazing stilus upon the golden tablets of Immortality the records of deeds well done, how small, how cold, will seem those of military conquerers beside this humble, lowly, simple, plain poverty stricken and clumsy backwoodsman, who left a memory so noble, so high, so holy that all men, of every political creed, revere and cherish it as a birth-right and so deep has it been engraven into the public conscience, and so majestic have grown its true proportions that it has become a basic part of our American Institutions. Today his memory rises like the sun to illuminate and strengthen men's lives, to shed a radiance of holy sympathy over their deeds, and to warm the hearts of his fellow creatures.

God seemingly took from the sterile clay of this uninviting farm enough to make a mould wherein He created a man, the like of whom has rarely been equalled, destined him to suffer and bear the pangs of sorrow and humiliation and as did His only begotten Son, die an ignominious death.

Only by standing at this humble spot, only by contemplation of his still humbler home can we realize how the light of his life was shed, how it spread and grew until the whole Nation was basked in its effulgence.

Only by standing here and realizing that he was the friend of the Nation do we understand and appreciate how cruel and foul was the assassin shot that struck him down, yet in that tragic passing men saw his life illumined in its true radiance, and awoke to a full realization of the truth of Stanton's words "He belongs to the immortals."

" 'Tis the wink of an eye, 'tis the draught of a breath;
From the blossom of health to the paleness of death,
From the guilded salon, to the bier and the shroud,
Oh, why should the spirit of Mortal be proud?"

SEX GLAND IMPLANTATION.

Additional Cases and Conclusions to Date.

By G. Frank Lydston, M. D., Chicago.

Reports have been published of the experimental work which I have performed in sex gland implantations with material taken from

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dead bodies. The reports comprise certain physiologic and therapeutic observations and conclusions based on the experiments, together with illustrations of the microscopic and histologic results of the implantations. In summary, my various contributions present the following:

1. For hormone therapy purposes, successful total or partial hetro-implantation of human sex glands in both male and female is practicable. By "successful" implantation, I mean the formation of new blood supply, and a more or less prolonged existence of the gland with coincident hormone production.

2. The prospect of success from anastomotic implantation—with resulting generative functioning—at present is not brilliant, although possibly not hopeless.

3. Glands taken from the living subject are most desirable, though rarely obtainable.

4. Glands taken from the healthy dead body at any time prior to the beginning of decomposition are of therapeutic value equal to that of those taken from the living, if implantation is successful.

5. In human beings the glands of the male may be successfully implanted on the female, and probably the reverse obtains. The hormone of the one possibly is useful to the other.

6. The tissues of the female apparently are more hospitable to the implanted male sex glands than are the tissues of the male.

7. The physiologic and therapeutic results occur independently of the site of implantation, but the vicinity of the peritoneum (extra-abdominal) and the canal of Nuck in the female, and of the tunica vaginalis in the male, are the sites of election.

8. Blood pressure apparently is modified, suggesting improved nutrition of the heart and vessels.

9. The development of senility possibly can be retarded and longevity increased by internal sex secretions derived from implantation.

10. That arteriosclerosis in its early stages will be benefited by sex gland implantation is probable. Inferentially, senile dementia, if taken early, possibly may show beneficial results.

11. The climateric probably may be postponed, or at least the disagreeable feature of the climacteric may be relieved.

12. Defective and aberrant psychic or physical sex development and differentiation—inversions and perversions—are definite indications for sex gland implantation. Certain cases of cryptorchidism and imperfect testicular development are an especially promising field.

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13. Certain psychopathies, such as dementia praecox, possibly may be benefited by implantation.

14. Chronic diseases of the skin, due to or modified by nutritional disturbances—notably certain types of chronic eczema, psoriasis and ichthyosis—in a certain proportion of cases are likely to be benefited, possibly cured, by sex gland implantation.

15. All conditions incidental to sex gland mutilations in either sex afford a positive indication for sex gland implantation, the probability of benefit being inversely as the length of time that has elapsed since the mutilation, and dependent on the age at which it occurred.

16. In properly selected cases, successful implantation ought inevitably to increase physiologic efficiency with all the benefits accruing therefrom. With increased physiologic efficiency come individual and social efficiency.

17. In general, all morbid conditions in which malnutrition exists are likely to be benefited by the sex hormone, which is a powerful physiologic cell stimulant and nutrient.

As I elsewhere have shown, microscopic section of implanted glands apparently show regeneration of the circulation and of the interstitial connective tissue which, inferentially, produces the so-called internal secretion. What is true of the sex glands also is true of all other glands which produce hormone. All hormone-producing glands from dead bodies are available sources of material for hormone therapy. Emulsions of glandular organs from dead bodies apparently are available sources of material for hormone therapy. Emulsions of glandular organs from dead human bodies, acting in less degree but in manner similar to implantation, may be of therapeutic value, and possibly superior to so-called extracts and to desiccated substances from the glands of the lower animals.

I present herewith brief reports of four additional cases of successful testicle implantations. I will at this time say but little further than I already have said regarding the physiologic and therapeutic effect of sex gland implantation. Suffice it to state that not only have previous observations been verified, but also I have noted certain apparent results which still further confirm my present belief that in the sex gland hormone we have the most powerful cell stimulant, nutrient and regenerator at present available to medical science. I reserve detailed discussion of the additional apparent evidence until such time as I feel that the facts are established on a reasonably firm basis, free from the suspicion of coincidence or intercurrent factors. Note in this connection the case of double testicular implantation herein reported. This case apparently is conclusive.

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Report of Cases.

Case I. The subject was a young man, aged 22, with a neuropathic and psychopathic heredity. There was an obscure history of a head injury four years before, which probably had nothing to do with his psychopathy. Three years prior to the time I first saw him, the patient developed psychopathic symptoms and the case was diagnosed by competent authority as dementia praecox. In my opinion, the case at the time I first saw it was a typical dementia praecox.

At present, more than fifteen months after the implantation, a nodule of gland tissue about the size of a hazelnut still is perceptible at the site of the implantation. When the case was last reported there had been considerable improvement in the patient's condition. He had ceased his frequent writing of incoherent, rambling dissertations on architecture and kindred topics, and no longer complained of hearing enemies whispering criticisms adverse to him, which symptoms had been very prominent. His mother stated that he was more ambitious and energetic. At present he is attending school and appears to be getting on fairly well with his studies. He is distinctly more vigorous than at any time since his illness began. I, of course, am not prepared to say that the improvement is due to the implantation, or to share in the enthusiasm exhibited by his family. That the improvement may be due to remission is obvious. I present the case as merely worthy of note.

Case II. This is by far the most remarkable of my entire large series of implantations, and to my mind is as conclusive evidence of the value of the work as a single case possibly could be. It is especially weighty evidence when considered in connection with the apparent results of my other implantation work.

A man, aged 29 years, sustained an injury to his testes while playing football, twelve years before he consulted me in July, 1915. His right testicle was enormously swollen (probably hematocele) and very painful. When the swelling subsided, the gland had entirely disappeared. The remaining testicle atrophied to a moderate degree. Virility was unimpaired and the patient married three years later. No children were born of the union.

About twe month prior to my examination the patient, without preceding trauma or known infection, suddenly developed pain in the left ileolumbar region, left spermatic cord, and the remaining testicle. The testicle did not swell, but, the patient stated, the veins above it were swollen. The temperature record was not available. There were no urinary symptoms. At the end of three weeks the testicle had completely atrophied, and some weeks later the case was referred to m.

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On examination, I found a healthy-looking subject, over-fat, with moderately feminine secondary sex characteristics. The beard was almost negligible; the mammae moderately large, and the pelvis distinctly broader than the normal masculine type. The patient stated that his physique had shown these peculiarities increasingly since his injury, twelve years before, but that his sexual power had been "satisfactory" until after the loss of the second testicle. During all these years he had not been physically as fit as before, and for about a year he had with difficulty met the physical and mental exigencies of his business, this lack of efficiency having increased rapidly since the loss of the remaining testicle. Since the loss of the second testicle there had been complete impotency.

Examination showed scarcely a vestige of tissue at the end of the spermatic cords—nothing, indeed, that could be accepted as even a remnant of gland tissue. The penis was of only moderate development, with a long prepuce, but otherwise normal.

August 1, 1915, I implanted on this patient both testes taken from a boy of 14, dead of a crushing injury. The subject was just approaching puberty, and not well developed. The testes were removed six hours after death, and kept on ice in sterile salt solution until the operation, thirty-nine hours after the death of the donor. The implantation was made in the scrotal sac on each side, at the normal site of the testes. The glands were implanted entire, the epididymes not being removed. Healing was prompt; there was only 1 degree of transient febrile reaction, and very slight inflammatory swelling about the implanted glands. Five days afte rthe implantation I performed a circumcision. The patient returned home in two weeks. Vigorous and painful erections occurred after the eights day, and required an ice bag. Successful coitus was practiced three weeks after dismissal from the hospital. At present, seven months after operation, the patient reports that he is perfectly normal, is taking active gymnastic exercise, and has lost nearly 20 pounds of his flabby fat. Erections are vigorous and more frequent than in the average normal subject of similar age. The patient lays especial stress on his mental and physical fitness for business. The implanted testes have atrophied only moderately, and are of relatively fair size and fairly normal consistency. The epididymes are plainly distinguishable. As Dr. William T. Belfield, who courteously examined the case and questioned the patient, remarked, "The testes, while small, are as well developed and apparently as normal as in many perfectly virile men who come under our observation."

In passing I wish to state that, for a while after the implantation, the patient experienced normal orgasms emission. He

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stated to Dr. Belfield and myself that after a few weeks he began to have emissions of a considerable amount of fluid, and that these emissions were almost constant. The emitted fluid, while it has not been examined, of course is not testicular secretion—no anastomosis having been done—but comes from the urethra, Cowper's glands, the prostate and the seminal vesicles. In brief, it probably is composed of all the usual normal elements of the normal semen, save the testicular secretion, of which the spermatozoa are the important element.

For some weeks after the implantation the patient complained of "frightful nervousness." As he described them, his symptoms were not unlike those produced by strychnin and similar spinal excitants. The "nervous" symptoms finally disappeared. I attributed them to the unwonted dose of hormone supplied by the implanted testes, to which the nervous system gradually became accustomed.

A feature of the foregoing case that is worthy of especial comment is the preservation of virility—until the loss of the remaining gland—after the accident of more than twelve years ago, despite the subsequent impairment of development of masculine secondary sex characteristics. It would seem that: 1. A relatively large dose of hormone is necessary to perfect development of secondary sex characteristics. 2. A very small dosage is sufficient to preserve virility. 3. Once virility is established, an extremely small dosage of sex hormone will preserve the psychosexual and physiosexual sex characteristics that are so essential to potency. It has been observed that individuals possessed of exceedingly rudimentary testes often are virile. Indeed, it has been my observation that such persons sometimes are possessed of more than the average degree of virility. I recall soveral cases of cryptorchidism coming under my observation in which there was a normal degree of virility with complete sterility.

I will not enter here into an exhaustive study of the physiologic and therapeutic suggestions offered by the foregoing case, as they have been comprehensively discussed elsewhere. This much appears evident, namely, that my implantation work has passed the experimental stage. It would require a degree of skepticism which I am free to say does not inspire me at this stage of my work to attribute to psychic impress such results as have obtained, notably in the case of double implantation herewith recorded.

It will be interesting to note the further progress of the case relative to atrophy of the implanted glands. Thus far there has been less atrophy than in my other cases, in a similar length of time. Possibly the preservation of the epididymis has something to do with this. As to how long the therapeutic results will endure, one cannot predict. Possibly permanently, or at least long after the last vestige

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of implanted gland tissue has disappeared. I am confident that, as long as even a small portion of the implanted tissue remains, its favorable effects will endure. Even though an occasional repetition of the implantation should prove necessary to maintain the patient's normal sex standard, the result still would be remarkable and the scientific status of the method sustained.

Case III. This case was purely experimental, and no exhaustive report will be made at this time. The subject was a healthy professional man, aged 58, who submitted himself to the experiment from purely scientific motives. The companion testis of that used in Case 2 was employed. The implantation was made in the left scrotal sac. The local result of the implantation was what I now feel justified in calling "typical," save that the subject got about on his feet after twenty-four hours, which resulted in considerable swelling and tenderness of the operated region. When the patient keeps to his bed, the reaction is very slight, compared to the tissue "insult."

In this case there was a rise of temperature of 1 degree, which subsided in twenty-four hours. Seven months after the implantation a nodule about the size of a good-sized grape is still perceptible.

Certain oddities of apparent physiologic effects were noted in this case, which, if sustained by future observation, will be reported.

Case IV. A man, aged 60, apparently normal in every respect, submitted to implantation, with the view of increasing physical vigor and endurance in general, and sexual vigor in particular. I secured the necessary material from an apparently healthy lad of 17 years of age, dead twelve hours of crushing injury to the head. Death has occurred about four hours after the injury. The operation was performed shortly after that in Case II, so that at present, over seven months have elapsed since the implantation. The testes were refrigerated for about forty-eight hours. A single gland, the right, was employed. The epididymis was removed, and numerous areas of the cortex denuded. The implantation was made in the right scrotal sac. The implantation was perfectly successful. There was practically no febrile reaction, and very little swelling at the site of the implantation. No opportunity has presented itself for a review of the case, but the patient writes that he is well satisfied with results, and that there is still "quite a lump" at the site of the implantation.

Conclusion.

Not only do I feel strengthened in my heretofore published impressions of the value of sex gland implantation, notably in the matter of increasing physical efficiency, and especially physiosexual efficiency, but also I am convinced that, when technic and material are

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right, and the recipient properly selected, preservation of hormone production by the implanted gland for at least a prolonged period is certain. That permanent physiologic and therapeutic advantageous results are equally certain, I am now strongly inclined to believe. Thus far I have observed no case in which the implanted tissue had completely disappeared, or even practically so, prior to from twelve to eighteen months.

1225 Marshall Field Annex Bldg., 25 E. Washington St.

THE NEW EDITIONS OF THE U. S. P. AND N. F.

A Review of the Pharmacopoeia of the United States of America, Ninth Decennial Revision, and of the National Formulary, Fourth Edition.

The Pharmacopoeia of the United States of America, ninth decennial revision, and the National Formulary, fourth edition, which are decreed to be official from September 1, 1916, are now available in the ordinary channels of trade. Public health officials and others intrusted with the enforcement of pure drug laws will no doubt be interested in the nature and composition of these two books that are recognized by law as standards for drugs and preparations and which are generally used as the basis for prosecution in cases involving adulteration or the misbranding of drugs. The two books were this time published simultaneously, and for the first time in their history an effort has been made to have them in harmony as to contents and standards.

The Pharmacopoeia of the United States, ninth decennial revision, contains a total of 80 and 728 large octavo pages and in general appearance and style the book has much in common with the previous edition of the Pharmacopoeia, now out of date, though in fact every monograph has been rewritten and practically every line in the book revised. The preparatory pages of the Pharmacopoeia include a table of contents, a short historical introduction with a review of the proceedings of the ninth decennial convention in 1910 and a preface in which the changes in the Pharmacopoeia are briefly outlined. The introductory pages also include a number of tables, among others a review of the International Protocol compared with the drugs and preparations of the U. S. P. IX and lists of the admissions, deletions and changes in the official Latin titles and in the official English titles of the Pharmacopoeia followed by a comparative table showing the strength of the more important pharmaceutical preparations in the preceding and in the present Pharmacopoeia.

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The main portion of the Pharmacopoeia, or Part I as it is sometimes designated, comprises 497 pages and contains monographs for 782 articles including 9 general headings, 188 drugs, 26 chemicals, and 320 preparations as against 958 articles included in the U. S. P.

The list of articles dismissed from Part I of the U. S. P. includes 242 titles, while the list of articles added to Part I included 66 titles, a net decrease of 176. The list of changes in the official Latin titles of the U. S. P. VIII includes 29 articles and the list of changes in the official English titles from the U. S. P. VIII includes 28 articles. The number of titles included in the U. S. P. IX from the U. S. P. VIII unchanged is 680.

The remaining portion of the book, now designated as Part II, includes a table of atomic weights based on oxygen equals 16, a table of the elements and pharmacopoeial chemicals and their molecular weights, and a table of multiples; also a list of reagents and test solutions and volumetric solutions followed by directions for general tests. A table of alcoholic content in preparations of the Pharmacopoeia is accompanied by directions for the determination of alcohol in official preparations and is followed by general directions of alkaloidal assays and for the determination of certain physical and chemical constants; also directions for percolation and for sterilization. This portion of the book also contains an extensive list of diagnostic reagents and clinical tests and a comprehensive table of thermometric equivalents; alcoholometric tables and tables for temperature corrections. The Pharmacopoeia also contains the usual acid and alkali tables, tables of weight and volume relations, and ables for converting metric quantities to quantities in apothecaries' weights and measures. This part of the book also includes a double column index of 66 pages that is unusually complete for a book of this type.

The National Formulary, fourth edition, includes 40 and 394 large octavo pages, and in general appearance is quite distinct from the preceding edition. The preliminary portion of the book includes a short historical introduction and a preface in which the changes represented in the Formulary are briefly summarized. This part also contains a list of preparations added to the National Formulary and a list of preparations dropped from the National Formulary; also a list of changes in the official Latin titles. The preparatory pages also contain a rather complete discussion of sterilization, followed by a number of special notices.

Part I of the National Formulary comprises 255 pages and contains a total of 596 titles, including 12 general formulas and 584 galenical preparations. The total number of preparations deleted from the National Formulary aggregates 183, and the total number of

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preparations added to the National Formulary totals 201, a net gain of 18 over the third edition. All of these titles are now included in Part I of the National Formulary. No less than 90 fluid etxracts are now included in the National Formulary. Of course, 50 are new in the present edition, 30 being taken from the U. S. P. VIII. The elixirs constitute the second largest group of preparations. This class now numbers 79; 23 were deleted and 10 new preparations added. Solutions come next, with 54 titles, followed closely by tinctures, with 50 preparations. Among the preparations new to the present edition are fluidglycerates, sprays and ready-made petroxolins. The steatins, or salve mulls, of the N. F. III are now classed simply as mulls.

Part II of the National Formulary, which is now devoted to a description of standards for drugs used in the National Formulary preparations but not included in the Pharmacopoeia of the United States, is entirely new. This part includes a total of 98 pages, with descriptions of 186 drugs, 140 of vegetable origin, 6 of animal origin, and 40 chemicals. This portion of the National Formulary was prepared by the Committee on Standards of the American Pharmaceutical Association, under the able leadership of George M. Beringer as chairman.

Part III of the National Formulary is also a novel feature and includes a number of special tests reprinted from the Pharmacopoeia of the United States, ninth decenniol revision, by special permission of the board of trustees of the United States Pharmacopoeial convention. The book also includes a double-column index of 30 pages that will serve to facilitate reference.

Both of these books have been practically rewritten and in their present form are designed to overcome the criticism that has heretofore been directed at fixd standards. Many, if not all, of the requirements in these books, as outlined in the revised standards, fix a minimum as well as a maximum requirement for purity and, as has been pointed out before, no books of standards available at the present time come so near to theoretical perfection as do the new editions of the Pharmacopoeia of the United States and the National Formulary that are now being distributed.

The purity rubric introduced in the Pharmacopoeia of the United States a decade or more ago has been considerably elaborated, and in the present edition of the Pharmacopoeia the rubric for practically each article is accompanied by a specific method of assay. In many instances the permissible variation from the average is less than 5 per cent, and it is only in an exceptionally few instances that this permissible variation exceeds 10 per cent.

The comparative table showing the strength of the more impor-

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tant pharmacopoeial substances and preparations which is included in the introductory portion of the ninth decennial revision of the Pharmacopoeia of the United States, includes a total of 193 titles; 85 chemicals, 25 drugs and 83 preparations. For no less than 34 of these drugs and preparations the previous Pharmacopoeia contained no assay method or purity requirement. The requirement in connection with 25 of the chemical substances has been slightly increased and in connection with 22 chemicals has been slightly decreased, while one article, calcium chloride, has been changed from the anhydrous to the hydrated form, or from 99 to 75 per cent of $CaCl_2$. The alkaloidal content of hyoscyamus has been changed from not less than 0.08 per cent to not less than 0.065 per cent of the alkaloids from hyoscyamus and the requirement for pilocarpus has been raised from 0.5 per cent to 0.6 per cent of the alkaloids from pilocarpus. The requirement for oil of clove has been changed from not less than 80 to not less than 82 per cent of eugenol and the requirement for oil of cassin has been correspondingly changed from not less than 75 to not less than 80 per cent of cinnamic aldehyde.

The strength of 9 galenical preparations has been slightly increased and that of 11 preparations slightly decreased. The more important changes in this connection are those evidenced by the preparations of opium which, in compliance with the international treaty of 1906, are now on a basis of 10 to 10.5 per cent of anhydrous morphine in place of from 12 to 12.5 per cent of crystallized morphine in the U. S. P. VIII. All of these several changes are, however, negligible in comparison with the now general practice of definitely stating the maximum as well as the minimum strength of preparations of active drugs.

No pharmacopoeia now in force contains so many directions for assay as does the new Pharmacopoeia of the United States. The total number of assay requirements in the new pharmacopoeia aggregates 287; 157 of which are for chemicals, 44 for drugs, and 86 for preparations.

Of the 44 drugs, 16 are directed to be assayed chemically for alkaloids, one is to be assayed biologically for the relative activity of its constituents, and in connection with five additional drugs a biological method of assay is recommended. One of the drugs, aconite, is to be assayed both chemically as well as physiologically. Three drugs are to be assayed for resins, three enzyme preparations are to be tested for their enzyme action, and 13 volatile oils are to be assayed for active constituents.

Of the 86 preparations, 36 are to be assayed chemically for alka-

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loids, three are to be tested biologically for their activity, and for 11 others an optional biological method of testing is recommended.

The assay methods for galenical preparations include seven assays for diluted acids, one alkaloidal assay for a plaster, nine chemical assays for alkaloidal content of extracts, and one biological assay; 11 alkaloidal assays for fluid extracts and three biological assays, one required and two recommended. Of the 18 tinctures included in the list, 12 are to be assayed for alkaloids, 2 for their chemical constituents, 1 is required to be assayed biologically, and for 4 others a biological assay is recommended.

In view of the great care that has been exercised to standardize drugs and their preparations it is rather disappointing to find that the committee of revision has reintroduced into the Pharmacopoeia almost unchanged the tables of approximate measures that were included in the eighth edition of the Pharmacopoeia. In connection with the metric system this effort to force the use of this table is altogether unfortunate as the quantities given are not metric, do not comply with the practices in other countries, and do not agree with the actual capacities of the spoons named in the table.

The National Formulary, just out, includes methods of assay under 52 different titles, 23 preparations, 7 drugs, and 22 chemical substances. Of the 7 drugs, 4 are to be assayed for alkaloids, 1, rennin, is to be tested for its milk curdling properties, 1, lime juice, is to be tested for acid content and 1, oil of bergamot, is to be assayed for linalyl acetate. The requirement for chemical substances in the National Formulary are quite as high as the requirements that have been included in the Pharmacopoeia and the permissible variation is frequently not more than 5 per cent from the apparent average on which the variation is based.

From the point of view of officials intrusted with the enforcement of food and drug laws, the question naturally arises, are these theoretically much improved standards practically applicable at the present time and are the standards for excellence that have been set in connection with the maximum and minimum limitations equitable and attainable from a practical point of view, or have the limitations been fixed at too narrow a range for pharmacists who are expected to comply with them. If practical and attainable the now official requirements and methods of assay will undoubtedly serve to insure to physicians, and through them to their patients, drugs and preparations more uniform in strength and composition than have hitherto been available and to this extent the two books should make for progress in medicine and related sciences.

Recognizing the difficulties entailed by the innovations included

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in the two official books of standards, the United States Public Health Service has now in course of preparation a bulletin on the changes in the Pharmacopoeia and the National Formulary. This compilation will appear as "Hygienic Laboratory Bulletin No. 107, A Digest of the Changes and Requirements Included in the Pharmacopoeia of the United States, Ninth Edition, and the National Formulary, Fourth Edition, With References to the Titles Not Continued from the Preceding Editions." This bulletin is designed to be of use as a comprehensive index to the titles included in the U. S. P. VIII, the U. S. P. IX, the N. F. III, and the N. F. IV, and will serve to indicate the present status of any given article. It was thought that a compilation of this kind would be of considerable advantage to officials intrusted with the enforcement of food and drug laws, as well as to pharmacists and others whose business requires them to be familiar with the content of the several editions of the Pharmacopoeia and the National Formulary. At the present time the titles to be included in one alphabetical list are distributed over six different alphabetical arrangements and four distinct indices. The changes in the scope of the two books and in the titles and composition of articles contained therein serve to emphasize the possible value of a ready reference list to the now official articles.

COMPARATIVE PROPERTIES.

Consider the furnace. Theoretically this is a machine for the economical production of heat. If the proper amount of the proper kind of fuel is properly put into it, if the ashes are properly cleaned out, if the drafts are properly managed, the chances are that it will heat the house properly. If, on the other hand, too much or too little fuel is put into it, if the fuel contains too much noninflammable material, if the fire is not kept clean of ashes, or if the dampers are badly regulated, the furnace operates inefficiently or ceases working altogether. Perhaps the most important thing next to putting in the fuel is to clean out the ashes. If these are allowed to accumulate in the ash pit, the grate bars may be burned out.

Food is taken into the human body for the purpose of producing heat. The standard of its value is the number of heat units it contains. If too little fuel is taken into the human body an insufficient number of heat units to operate it are received and it works inefficiently. If, on the other hand, too great an amount of food is taken, the body becomes clogged and works just as inefficiently as if it had received too small an amount. The most important thing is to remove promptly all of the waste materials remaining after the food has given

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up its heat units. If too great an amount of this debris is allowed to remain the fires of the body are in danger of being put out by these poisonous materials. The elimination of these materials is one of the functions of the intestinal canal. One of the requisites of good health is an educated intestinal apparatus. Perhaps this is even more important than an educated set of brains. Certainly an educated set of brains cannot work effectively so long as the intestinal apparatus is badly operated.

Man in our present state of civilization is obliged to pay particular attention to functions which in a state of nature took care of themselves. A robust man engaged in active exercise in the open air may commit dietary indiscretions which would be exceedingly harmful to a sedentary worker. Exercise as a part of the daily life is, however, absolutely necessary for both. Plain, wholesome food is just as necessary for the brain worker as for him who labors with his hands. Above all, both must keep the human furnace well shaken down and without accumulation of ashes and debris in order that the fires of life may burn brightly and steadily.

PHYSICIANS' REMUNERATION IN HEALTH INSURANCE.

The coming of health insurance is regarded by many physicians and many laymen as an assured fact. It has been successfully acomplished in Europe, notably in England. It is now being agitated in America very extensively. Health insurance is a great advantage to the people insured and correspondingly to the country at large. We are glad that the governments are at last recognizing their duty to their people along this line.

The plan advocated is to have the insured employee bear two-fifths of the cost, the employer two-fifths, and the state one-fifth. It is a very elaborate plan and has many details, a large number of which have not been worked out satisfactorily.

The medical profession is most concerned in this matter and must watch every turn the affair takes lest it be caught napping and have some undesirable legislation passed that will be highly disadvantageous to medical prospects, prosperity and progress.

An element of danger to the profession is the fact that the insurance of the public is transacted through the insurance companies. These companies are organized for their own profit, and their aims in pushing this form of legislation are to create more business for themselves with as little remuneration to the medical profession as possible. We think it is a great big, irreparable mistake to permit any of this class of insurance to be carried by corporations. It should all be done by

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and through government (state) insurance departments acting as insurance companies. No private companies should be permitted to do any of this insuring. Only then can we expect any proper treatment of the medical profession.

The idea of the insurance bill is to pay the physician a certain sum for each person on his list. The list is limited to a certain number. This limiting of the list of insured employees on a physician's list is a good thing, for otherwise a doctor might have a larger list than he could look after, and some would then perforce receive little or scant attention. This has happened in England. The limit set in the bill of the American Association for the Advancement of Labor is 200 families and a total of 1,000 patients. This is large enough. Curiously, the bill has no provision for the payment of physicians. We believe that the bill should provide that every physician on the panel shall receive $3000 per year, not a cent less. If the bill when persented in the legislature does not contain such a provision, the profession in every state must see that such a section is incorporated in it.

The insurance companies desire to leave this matter open, so that they can dicker with the doctors separately until they find somebody who will accept the panel appointment for very little. As we said above, the insurance companies should not be allowed to insure any of this insurance; it should all be done by government insurance.

The profession itself is vitally interested in this movement. The insurance will affect a large number of people, many or perhaps most of whom are now private patients of the profession. Doctors everywhere must look alive to their own interests or their interest will not be looked after.

Our medical societies should also fall in line with the activities of the doctors and assist in shaping this legislation so that the profession will be properly treated. A prosperous profession means prosperous medical societies, well-attended conventions, better medical service, better drugs, better instruments, better health, greater progress along medical lines in treatment and prevention of disease.

The success of the medical profession in getting this legislation made satisfactory to the medical men depends on every physician doing his utmost to see that such a provision is made in the bill for the payment of the doctors as we have just mentioned. Physicians must be properly paid if they are to give their best service. A poorly paid physician cannot do so. If the bill fails to provide for physicians properly it will be because physicians have failed to attend to this matter. No physician is so insignificant or obscure as to have no influence with his legislators. We know that the more of them exert themselves on any subject, the more it is likely to succeed. The insur-

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ance companies depend on the lethargy, the inactivity, of the medical profession to permit them to get the bill passed in the form best suited to their interests and against the interests of the medical profession. Only a big upheaval by the doctors themselves can prevent the insurance companies from succeeding in their scheme.—(The Medical Summary.)

Primary Infectious Jaundice with General Symptoms Predominating—M. Garnier (Paris medical, December 9, 1916) points out that while in many cases of infectious jaundice the symptoms due to the cholemia and the constitutional symptoms due to the infection are equally marked, in another group, catarrhal jaundice, the infectious symptoms are relatively much less pronounced, and in a third group, which he has specially studied, these symptoms distinctly predominate. In a series of five hundred cases of primary infectious jaundice recently under observation, six were of the latter type. The onset was marked by chills, fever, backache, and at times mylagia, soon followed by gastrointestinal disturbances, nausea, and vomiting, and sometimes diarrhea. The temperature usually ranged between 28 and 39 degrees C., sometimes attaining 40 degrees temporarily; it often dropped at the time of appearance of jaundice. Discoloration of the skin, including that of the face, was only slight, the conjunctivae being alone distinctly yellow. The urine showed the usual mahogany color. Elimination of urobilin in these cases was intense from the start. In this form of infectious jaundice, the system evidently utilizes with success all its resources for getting rid of the pigment. The elimination in the urine, and likewise the skin discoloration, was brief in these cases, terminating twice on the eighth day, and once each on the sixth, seventh, ninth and eleventh days from the beginning of the jaundice. All trace of conjunctival discoloration passed off simultaneously, soon after, or even before bile pigment disappeared from the urine, whereas in other forms of jaundice an interval of seven to twenty-four days elapsed. At no time in these cases did the feces lose their dark brown color. The temperature usually reached nomal three or four days after the appearance of jaundice, but in two cases remained febrile until the jaundice disappeared. In one case a relapse took place. Attacks of angiocholitis in cholelithiasis might be confused with these cases, but in the former the onset is sudden and distinctly painful and jaundice appears with the first sign of malaise, the preicteric period being absent. That the form of infectious jaundice described by Garnier is actually of hematogenous origin was shown by hemolysis test. In one case the A paratyphoid organism was found in the blood.

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ABSTRACTS

Metastatic Gas Gangrene—Kenneth Taylor (Lancet, December 23, 1916) reports two cases of metastatic gas gangrene as throwing some light on the factors which lead to metastasis in this fatal condition. In the first case the original infection involved one arm, which was promptly amputated with fairly complete removal of all infected tissues in the neighborhood. The second was a wound of the right buttock. In the first case the patient was kept in a sitting posture and in the second the patient was forced to lie on his left buttock. Metastatic gas gangrene developed in the right gluteal region and leg in the first case and in the left buttock in the second. In both cases autopsy confirmed the findings and proved the absence of all direct passage of the infection from the original to the secondary site. In one of the cases culture from the heart's blood proved positive for Bacillus aerogenes capsulatus, though blood culture had been sterile up to three days before death. In the second case even the heart's blood was sterile. These two cases suggest that the constant pressure of the body upon a given area is capable of lowering its resistance to such an extent that there can be a localization there of the virulent organisms which probably circulate in the bloodstream for some time during the course of the illness.

Small Cranial Injuries and Their Complications—Andre Martin (Paris Medical, December 9, 1916) calls attention to the severe complications which may follow apparently insignificant injuries of the head by small shell fragments. Many of his cases had small wounds apparently involving only the scalp; where several days had elapsed since the injury, the tissues were more or less infiltrated with blood and the pericranium injured, while after a few weeks the skin was often healed, with a small sinus, however, persisting. Upon examining the skull there was found either a small fissure, generally curved or angular and sometimes masked by an organizing hematoma; several fissures diverging irregularly; a few bone fragments, either adherent, with blood, serum, or even pus frequently filtering through the intervening interstices, or partly detached and movable; or finally, a cup shaped depression hardly exceeding the size of a finger tip, sometimes limited to the external table but usually involving the internal. The subjacent lesions revealed by operation comprised extradural fungous formations, bathed in pus, or an extradural hematoma or abscess. The central lesions found among eleven cases comprised two instances of cerebral hematoma, two of cerebral abscess and one of cerebellar abscess. Clinically, the cases fell into three groups, the first showing at first no sign of injury other than

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the small scalp wound, often without the least headache, but manifesting unexpectedly after two or three weeks slight fever, with appearance of a droplet of pus through the wound; in spite of the relative absence of symptoms, grave lesions may be found at operation in these cases. In the second group the patient presented himself with such symptoms as headache, nausea, slight slowing of respiration, a variable and misleading temperature, a pulse rate of about sixty, and in particular, a continuous prostration and mental torpor. The focal symptoms were in most instances practically absent, though the cerebellar case presented a complete, typical picture. The symptoms were insufficient to show before operation whether an extradural or cerebral hematoma or abscess existed. In the third group the wounds were apparently healed when the complications developed. On the whole, Martin's experiences showed that in cases of small head injuries which manifest mild or severe bone or brain disturbances after apparently healing, even several weeks after the wound, no time should be lost with half way measures, but the bone and dura at once explored. In fact, it would seem advisable to inspect the skull if necessary enlarging the scalp opening with the knife, immediately after the mildest scalp wounds.

Syphilis of the Stomach—George B. Eusterman (American Journal of Medical Science, January, 1917) maintains that though syphilis of the stomach is rare, it is not as infrequent as is generally supposed. The aid of the Wassermann-Noguchi reaction and of the Rontgen rays are necessary to establish the presence and specificity of the lesion, yet denial of the disease, lack of evidence of a primary lesion, or absence of a positive Wassermann, does not exclude the possibility of gastric syphilis. The diagnosis is based on the history of infection, a consistent positive Wassermann, indisputable evidence of a gastric lesion, and—excluding cases that show irreparable extensive damage—a permanent cure by antisphilitic measures. Often it is made accidentally. The symptomatology is suggestive of benign gastric ulcer; the gastric chemistry and Rontgen findings rather suggest carcinoma. In most instances the condition is characterized by an initial intermittant course, followed soon by continuous symptoms and associated with epigastric pain of variable degree, felt shortly after taking food and not relieved by food or alkalies. From the outset there is a tendency to emesis, a variable degree of flatulence, good appetite, infrequency of hemorrhage and palpable tumor, diffuse abdominal resistance, a progressive course, and marked loss of weight without cachexia. Anacidity or achylia is characteristic of the majority of cases. Extensive gastric involvement is frequently present at the time when gastric disturbance first becomes manifest. A

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gummatous ulcer, usually multiple, and a diffuse syphilitic infiltration with variable degrees of contracture, thickening, deformity, and perigastric adhesions, chiefly involving the pyloric segment, is the usual pathological condition. Demonstration of the Spirochaeta pallida in resected tissue would be final proof. Results from antisyphilitic treatment are encouraging in all but very advanced cases. Sometimes surgical intervention is indicated. Early diagnosis and intensive treatment invariably result in symptomatic cure and structural improvement.

Bacterial Etiology of Rhus Poisoning—Lowell C. Frost (Medical Record, December 23, 1916) presents the following points in favor of the bacterial origin of ivy poisoning: the incubation period averaging four and a half days, complete natural immunity in certain individuals which may be lost through lowering of the physical resistance, and the appearance of the exanthema in an area untouched by the plant directly. Cultures made by Frost from the leaves of the plant showed only one constant type of bacteria and this was a short, thick bacillus, aerobic, spore producing, giving an abundant growth on potato at room temperature. Inoculation by inunction of pure culture, after forty-eight hours produced only a slight redness of the skin without itching or burning.

Fulminant Cerebrospinal Fever—P. W. Maclagan and W. E. Cooke (British Medical Journal, December 23, 1916) states that they have seen over a dozen cases of this form of the disease, all ending fatally. There are two types of this form of cerebrospinal fever. In the one there may be an intense meningococcal bacteriemia without any meningeal involvement, or with very slight involvement. In the other there is also an abrupt onset with almost immediate unconsciousness and beginning signs of meningeal involvement, giving place to complete muscular flaccidity. In both types the fatal progress is very rapid, with signs of total failure of the blood pressure and the heart. The two chief characteristics of this form of cerebrospinal fever are the occurrence of a hemorrhagic rash varying from petechial spots to hemorrhages of several square inches, and the presence post mortem of hemorrhagic destruction of the suprarenal glands. The latter probably accounts for the rapid fall of blood pressure and cardiac failure as well as for the muscular flaccidity. It is suggested that the organism may possess an affinity for the chromaffin structures of the adrenal glands and probably also for the cortical layer which is similar to the myelin of the central nervous system.

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Clinical Studies of Acidosis—J. H. Austin and Leon Jonas (American Journal of Medical Sciences, January, 1917) tell us that in the new methods for studying acidosis directly from the blood we have a means of investigation which is a distinct advance upon our previous methods. As criteria of the supply of "buffer substance" in the blood, the carbon dioxide capacity of the plasma, the hydrogen ion concentration of the serum, and the alveolar air give results that are in general parallel, but the first is the most sensitive and gives much more satisfactory duplicates than does the alveolar air determination. It affords a simple and quick method of determining the presence and degree of acidosis. Reference must be made to the original for a full description of the method.

The Etiology of Acute Articular Rheumatism—Fr. Rolly (Medizinische Klinik, November 5, 1916) points out that the similarity between certain of the more important symptoms of anaphylaxis and of rheumatism has led to the suggestion that the latter disease is merely a manifestation of an anayphlactic condition due to the entrance into the circulation of bacterial protems or protein products from focal bacterial lesions. Such a view cannot be accepted as offering a complete explanation of the rheumatic symptoms, since certain of the most characteristic of these symptoms are almost never encountered in cases of known anaphylaxis. Among these the most important is the occurrence of the local phenomena of joint swelling, redness, and pain. The suggestion of the anaphylactic mechanism of rheumatism is based upon isolated resemblances in symptoms rather than upon a true close similarity of the manifestations of the two conditions. On the other hand, the theory that rhematism is a bacterial entity entails many factors of doubt which can be brought up against its acception. Thus, there is no evidence that the organisms which have been isolated from the surfaces of the inflamed tonsils in acute rheumatism are the true pathogenic organisms, for the same organisms can be isolated from tonsils of normal persons and have similar degrees of virulence for the lower animals. Further, there is no uniformity among different workers as to specific characters of the organisms isolated. Finally, it may be pointed out that positive cultures from the blood, the affected joints, and other body fluids in cases of acute rheumatism are quite uncommon, and that a very large proportion of cases of acute rheumatism develop in the absence of any demonstrable inflammation of the tonsils, or other pharyngeal structures. In the state of our present knowledge it is impossible to say that we yet know the true etiology of the clinical disease which we call acute rheumatic fever.

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Aural Typhoid Carriers—A. B. Bennett (Journal A. M. A., January 6, 1917) reports two cases of this rare condition. In one there was a chronic suppuration of the middle ear with purulent discharge dating from a severe attack of typhoid fever eighteen years before. From the pus, living typhoid organisms were cultivated on two occasions. The other case occurred in a child, fifteen years old, who had never had an attack of typhoid fever. The ear trouble began with a frank attack of purulent otitis media, which left a chronic discharging ear, from the discharge of which typhoid organisms were isolated. Local treatment combined with the administration of typhoid vaccine materially benefited the first case, which was lost sight of before cured; and cured the second. In neither case was there evidence that any other person had been infected as a result of contact, but the possibilites of such an occurrence should be borne in mind in such cases.

Burns from Missles—George Magnus (Medizinische Klinik, November 5, 1916) says that much of the tissue destruction caused by certain forms of missles is not to be explained on the basis of mechanical traumatism, but is demonstrably due to the effects of burning produced by the great heat of the missles. The lesions, if carefully studied in all their forms and grades of severity, show evidences of actual burns of all degrees of intensity, and the tissue destruction caused is both too extensive and too prompt, in the appearance of its manifestations to be accounted for on the basis of contusion. The missles which are most likely to retain sufficient heat to cause burns are fragments of grenades and high explosive shells, bombs, and shrapnel. It is in the cases of injury from just these missles that the instances of extensive tissue destruction is encountered. Occasionally, also, actual burning of the clothing overlying the areas of such wounds, or where fragments of such missles have struck glancing blows, is encountered.

Vesical Calculi Following Wounds of the Bladder.—F. Leguen (Bulletin de l'Academie de medecine, December 5, 1916) states that he observed calculus formation after a long or short interval in ten out of thirty-two cases of bladder wound. In a few of these, in fact, recurrent calculus formation occurred. Infection has been held to account for this complication of bladder injury, but he found that the duration and virulence of the infection was no greater in the cases that manifested calculi than in the remainder. A striking coincidence of calculus formation with fracture of the pelvis was, however, noticed. All the cases with calculi had a pelvic fracture, and no calculus developed in any of the twenty-two cases without

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fracture. This relationship is ascribed by Legueu to the doubly compound fracture produced in military bladder wounds. The fracture communicates both with the exterior and the bladder. Urine passes out to the fracture site, while pieces of bone pass into the bladder, where he sometimes found them firmly embedded in the bladder wall or included in the center of a calculus. Even when there are no more bone splinters, simple osseous particles continue to pass through the sinuses, and to these are ascribed the frequent secondary stones. Long after healing of the external wound, a deep lesion of the bladder was noted by cystoscopy or at operation, the attenuated bladder mucosa pouching out widely to line the depression in the bone resulting from the fracture, with a minute sinus at its base connecting the focus of osteomyelitis with the bladder. Through this channel bone dust falls to the fundus of the bladder, remains there while the patient is abed in dorsal decubitus and constitutes a nucleus for stone formation. These stones are soft, friable, white, and may contain a small sequestrum. Operation to separate and close off the bladder from the bone, failed, the wound in the repaired bladder being reopened. Lithotrity was then adopted as the proper procedure. Bone splinters in the calculi were withdrawn instrumentally through the urethra after crushing of the stones. For recurrent stones repeated lithotrity is indicated.

PYLORIC STENOSIS.

Leon T. LeWald, before the New York Academy of Medicine, in speaking of the various degrees of pyloric obstruction and the ingenious theories which have been advanced to account for its origin, said one was forced to the conclusion that, after all, little had been gained by these controversial theories and that they did not tend to assist very materially in an elaboration of the diagnosis, nor to establish a definite form of treatment, which was, after all, the important and practical end which was sought. Certain cases which exhibit the classical symptoms, namely, projectile vomiting, steady wasting, constipation, excessive stomach peristalsis, in addition to a palpable nodular tumor in the pyloric region, we must regard as cases of true pyloric stenosis. Enough cases have been reported with marked hypertrophy of the circular fibers of the pylorus, and a corresponding diminution in the lumen of the viscus at this point, as is shown in the illustration on the screen, that it would seem irrational to deny the existence of this type, which may be termed surgical. On the other hand, cases are reported without any palpable tumor, but otherwise having all the usual sypmtoms in varying degrees of severity. It is perhaps in these that the greatest difficulty arises in determining the

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best method of procedure and in how far they may be surgical. The suggestion is given by the majority of writers that this group should be treated medically until the time when they resist medical management, as evidenced by stationary or falling weight. They may then be subjected to laparotomy, with its high degree of hazard, the operator being necessarily uncertain as to his method of procedure until he has satisfactorily explored the stomach. If a hitherto undiscovered tumor is found at the operation, the infant must be able to withstand a considerable degree of shock incident to the performance of a posterior gastrojejuostomy. If no tumor is found little is gained and possibly much lost by subjecting the impoverished infant to a loss of blood and further depletion of its natural existence. If, therefore, by the use of modern methods we can so complete our diagnostic means that we can, with a degree of positiveness, determine whether or not a given case shall be operated upon, we shall be making an advance worth while. Notable achievements have recently been made in Roentgenology, especially in the use of bismuth in the alimentary tract. Modern apparatus, with the intensifying sheets, enables the radiologist to make instantaneous exposures, thus securing with the minimum of effort negatives of value. Whether the stomach in early infancy is simply a dilated pouch intended for the accumulation of a quantity of food, which is quickly acted upon by the gastric juice and immediately allowed to pass out through the pylorus, or whether it performs its share of the preparation of foods for the higher and more complex process of digestion in the duodenum, is a question for future study. The fact that we may observe the exit of food into the duodenum within a minute or two after its intake tends to show that we have been overvaluing this portion of the alimentary tract. That liquid foods begin to be expelled normally in a very short time after they are taken into the stomach is very helpful in our diagnosis of conditions dealing with some forms of pyloric obstruction, for if it can be demonstrated with a degree of exactness, by a series of radiographs, that the milk is retained for a greater length of time than in the normal stomach, as is shown by the bismuth shadows, we can determine with a fair degree of certainty with what type of obstruction we are dealing. Since such striking results can be obtained by this means, it seems manifestly unfair not to early obtain a series of radiographic pictures in every suspected case, so that an infant suffering from a true tumor and with a lumen so small as to practically occlude the passage of food into the duodenum may early be given over to the surgeon while its physical condition is still good. On the other hand, cases of pyloric spasm, even of marked degree, but without tumor formation, can be differentiated, since the time and the amount of the

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food passing through the pylorus can be seen, and thus the diagnosis and even the prognosis can be fairly well fixed. The findings have been so illuminating that the prophecy may be made that in the future every suspected case of pyloric obstruction will be subjected to radiographic study before a plan of treatment is determined upon, just as today no surgeon would think of putting up a fracture without the use of the X-rays.

DRUG ADDICTION.

The Medical and Medico-Legal Problem of the Hour.

The problem of the drug addict grows more serious every day. The avalanche of antinarcotic laws that well meaning, but ill informed zealots have been responsible for in so many instances, have accomplished little or nothing aside from placing a few more useless and quite unnecessary restrictions on the busy medical practitioners of the country. Instead of reducing the sale of drugs to addicts, most of the laws thus designed have simply forced the traffic into new channels, and caused the whole matter to take on new and more sinister aspects.

It is hardly fair to declare, however, that the anti-narcotic laws are wholly barren of results, for while they have in the main, proven inefficient in actually curbing the drug evil, they have served to bring the problem to the attention of many thinking men and women who would otherwise have given it little or no thought. As some one has said the surest way to correct an evil is to bring it into the light of publicity. If the agitation for anti-narcotic legislation has accomplished little else thus far, there can be no doubt that the people at large—and the profession, too—have been taught a great many facts concerning drug addiction that they never knew before. The drug addict, poor soul, is gradually being considered as the unfortunate victim of a pathologic state for which he is in no way responsible, rather than as a criminal or wanton panderer to vicious appetites. This radical revision of attitude towards the drug habitue bids fair to do much to place his treatment on a just and rational basis. With this idea of drug addiction more generally accepted it is not too much to expect that existing laws will be made more practical and effective, and instead of persecuting the drug addict, will seek to provide means that can be relied upon to restore him to health and a normal physical resistance. Thus again we get confirmation of the doctrine "all things work together for good." Futile as our anti-narcotic laws have been in accomplishing their avowed purposes, they surely have not been in vain.

"No stream from its source, flows seaward, how lonely so ever its course,

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But what some land is gladdened. No star ever rose and set without influence somewhere."

Of direct bearing on the ultimate benefits sure to accrue sooner or later from our anti-narcotic laws, impractical as they may be at the moment, is the announcement of the very important symposium on anti-narcotic legislation to be held under the auspices of the American Medical Editors' Association at the Hotel McAlpin, Wednesday afternoon, October 25th, at 2:30 p. m.

From the imposing list of jurists, national and state officials, social workers, and medical men, who are to take part in the symposium, and all of whom we happen to know have given much careful thought to the question of drug addiction in all its phases, this meeting promises much.

Every physician or layman who is interested in this problem of anti-narcotic legislation should make every effort to be present. The meeting will unquestionably be one of the most important and consequential held thus far and it is earnestly expected that this forthcoming discussion of narcotic drug evils by men whose opinions and utterances command the deepest respect, will have a constructive and far reaching effect on the whole situation.—American Medicine.

Obstetric Surgery.—E. P. Davis, Philadelphia (Journal A. M. A. Oct. 14, 1915), says that obstetrics has been the last department to share in the general advance of modern medical science, but a considerable gain has been made in reducing the morality and morbidity of parturition by the application of modern surgical principlese He reviews generally the history of the development of modern obstetric surgery which dates, he says, from the perfection of the classic cesarean section when Saenger accurately closed the uterine muscle and peritoneal covering separately. This reduced the mortality and morbidity of the classical section to a rate corresponding to that of other abdominal operations .Next came the observation that patients infected during labor became so through repeated examinations after the membranes has ruptured, conveying bacteria from the vagina into the uterus. Especially dangerous are unsuccessful attempts at deliverv bruising and lacerating of tissue. When it was learned that internal examinations should be made as rarely as possible, that diagnosis during labor should be made by palpation, ausculation and pelvimetry, and that attempting vaginal delivery during labor is a serious matter, the patients were brought to section with corresponding good results. There is still a remnant of bad practice in the attempts sometimes made to deliver the unengaged head by the forceps. The views as regards

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the organisms living in the vaginal passages have been improved and it is realized that pathologic bacteria are liable to be found there. While obstetric surgery aims to obviate the dangers of contracted pelvis and to deal successfully with infectious foci or pathologic conditions of the pelvis or abdomen and to repair unavoidable injuries, it does far more for the child, not only saving its life, but also saving it from injuries to the nervous system that may compromise its future. Davis goes over the conditions in which surgery is called for and he asks, Do the results of modern obstetric surgery justify its existence? It is hard to estimate the maternal mortality of labor outside of institutions but it is fair to say that it is a fraction of 1 per cent. under favorable conditions. The mortality of spontaneous labor for the child is the mortality of asphyxia. Under the general head of birth pressure also fetal mortality may result from viseral hemorrhage. As regards the fetal mortality in classic cesarean section Davis holds that it is the most certain method of delivering a living child which exists. The high maternal mortality by the older methods of artificial delivery was about 1 or 2 per cent. and the fetal mortality following the use of forceps varies according to the mode of application. In low forceps operations at the Sloan Maternity it was approximately 10 per cent., in high operations 38.5, and the general average was 14.5 per cent. The subsequent history of the child as traced by Gans in the Konigsburg Clinic showed instances of damage affecting future life in a certain number of cases. The fact that version and contraction are followed by a comparatively high mortality makes it difficult to compare it with the cesarean section. Davis believes that the development of laboratory work and the use of so-called instruments of precision have led to the neglect of clinical observation and thorough studies of cases by the senses only. We rely, it would seem in his opinion, rather too much on bacterial cultures for a knowledge of the conditions of the patient rather than on our powers of observation. The most important essential limitation in modern obstetric surgery is the choice of those who shall practice it and practical experience is the basis of all sound judgment in deciding whether to operate and the best method of operation. The opening of maternity wards and the multiplication of hospitals will, he thinks, with the better training of medical students, produce more skilled obstetricians capable of properly performing modern obstetric surgical operations.

The health of industrial workers has been safeguarded to a greater extent than at any time in the past. Studies have been made of the occupational hazards of steel workers in many of the leading industrial establishments of the country and insanitary and harmful conditions corrected. In the zinc mines of Missouri methods have been adopted which should go far toward eradicating tuberculosis from that district. Investigations of child labor and of health insurance have also been made.

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NOTES AND NEWS

GENERAL NEWS NOTES.

The Evanston, Ill., hospital has been given $125,000 by James A. Patton contingent on raising a like sum.

The National Board of Medical Examiners held its first examination in Washington, October 16-21. Ten candidates were examined, of whom five passed and five failed.

San Francisco plans a new half million dollar psychopathic hospital.

So as to study South American diseases, Drs. William T. Councilman, Boston, and Robert A. Lambert, New York, are accompanying an expedition fitted out by Dr. Hamilton Rice, well known for his explorations on the upper Amazon, to the region of the upper Negro and Oricnoco. The expedition left New York, November 15.

The Deutsche medizinische Wochenschrift comments on the organization at Copenhagen of a society to study the social consequences of the war, saying that the loss of human life in the war to date cannot be estimated with accuracy. "Germany is the only country," it says, "which publishes systematically reilable casualty lists, and even in these the missing form quite a large proportion. No other country but England makes any attempt to publish the casualty lists regularly. The new society issues a bulletin and this tsates recently that up to July, 1916, there had been 4,631,500 killed in the war."

The Committee on Public Policy and Legislation of the Medical Society of the State of Pennsylvania met in Harrisburg, in joint session with similar committees from the Homeopathic and Eclectic State Societies and the Philadelphia County Medical Society. Legislation bearing upon matters vital to the profession was discussed. It was unanimously decided to work together for the profession. These committees decided to form "The Legislative Conference of the Medical Profession of Pennsylvania," the total membership of which shall be equal from each of the three component medical societies. Dr. John B. McAllister, of Harrisburg, is chairman and Dr. E. A. Krusen, of Norristown, is secretary-treasurer. The conference will welcome all suggestions upon legislative matters. A state narcotic law to supplement the Harrison law, amendments to the workmen's compensation law, the proposed law to incorporate health insurance, and the prevention of optometrists' legislation are some of the subjects that will require the attention of the medical profession of that state at the coming session of the legislature.

Laxness in the registration of negro births makes it probable that "our grandchildren and greatgrandchildren will be marrying persons having negro blood in their veins," according to a statement of W. L. Heizer, state register of vital statistics of Kentucky, made before a state meeting of city and county health officers which closed at Louisville, on December 14, according to The North American. He said the number of quadroons and octoroons who could not be distinguished from white persons was considerable. He recommended that registrars take greater care in accurately fixing of record the racial status. He urged compulsory registration of vital statistics for the whole nation under a card index system supervised by the federal government.

As a result of nearly two years' work, the New York Bureau of Preventable Diseases of the Health Department had, up to October 28, completed a list of thirty-five cases of typhoid carriers and a report of what is being done to prevent such carriers from spreading the disease. Prior to 1915 the department knew of some half-dozen carriers in the city, including the well-known "Typhoid Mary." Systematic work since then has resulted in the discovery of the other cases. It is estimated that in some commun-

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ities one person in every thousand is a chronic carrier. The typhoid carriers listed by the bureau include persons ranging in age from ten years to more than sixty. Nine were handlers of food by occupation, and they have been compelled to find other occupations.

A committee was formed to investigate the extent of the use of narcotic drugs, opium, morphin and heroin, in Philadelphia and Pennsylvania, to ascertain what help could be given in the cure of the victims of the drug habit and to recommend needed legislation to assist the federal government in its efforts under the Harrison narcotic law to restrict the sale and use of narcotic drugs. In their report, printed in pamphlet form and ready for distribution, they set forth many interesting facts regarding the investigation, make some recommendations and give a draft of a proposed bill to regulate the use and sale of narcotic drugs in the state. The Medical World has sent this committee several copies of their model state narcotic law, similar to the one adopted in Colorado.

The chief of the medical department of the German army, von Schjerning, has published an appeal to physicians for aid in collecting for the library of the Military-Medical Academy at Berlin every work bearing on the medical, surgical and sanitary aspects of the war, the whole to form a complete library of medical war literature. Authors are urged to send copies of their work to the Kaiser Wilhelms Akademie.

A complete Red Cross base hospital of 500 beds, with full personnel, was erected in a Philadelphia park during the recent Clinical Congress of Surgeons of North America. At a practical "field" demonstration for the 1,800 surgeons present, General Wood stated that 10,000 physicians would be needed in a medical reserve corps (taken from private practise) for the 1,000,000 men of the first army in case of war with any first-class power.

The report of the U. S. Bureau of Entomology, just issued, directs attention to the demonstrations of the Bureau specialists that the breeding of flies in manure can be prevented by treating the substance with calcium cyanamid and acid phosphate, which at the same time increase the fertilizing value of the manure.

Soon after the war began Sir William Osler was appointed honorary consulting physician at the Queen's Canadian Hospital, Shorncliffe. Since that time he had also been an honorary adviser in connection with the Canadian hospitals generally in England. To express his sympathy with Surgeon-General Jones, Sir William Osler has cabled his resignation to Premier Borden of Canada, and, it is understood, may go to Canada to speak in defense of General Jones.

Realization of the hope of the University of Chicago, for one of the biggest medical research schools in the world became a certainty today with the announcement of a gift of $1,000,000 from the Billings family, headed by C. K. G. Billings. The gift is to provide a hospital in connection with the school. The total cost of the institution is placed at $5,300,000, and with the Billings gift all but $550,000 has now been pledged.

Attention has also been given to the health of the children of the nation, more especially to rural school children. Over 32,000 children attending the public schools were examined during the year in order to determine their mental status and the causes and percentage of mental retardation and deficiency. In addition 7,000 physical examinations were complete for the determination of physical defects.

What is regarded as the largest and most important single undertaking of this nature yet inaugurated, the investigation of the pollution of the Ohio river ,is still in progress. Surveys of the Atlantic coast and New England watersheds have, however, been completed and the extent and effects of their pollution is now known; this knowledge demonstrates that federal legislation to prevent the contamination of water sources is a necessity.

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Better provision for the health of travelers has been obtained by safeguarding the water supplies of common carriers and through the promulgation of regulations governing the transportation of persons suffering from communicable diseases.

Energetic efforts have been made to prevent the introduction of all communicable diseases and to control those already with us. Typhus fever has been combated at all points on the Mexican border and disinfection plants established where the clothing of persons of all incoming aliens have been disinfected. At one station alone, El Paso, Tex., 26,000 persons were inspected and treated in such a manner as to insure their freedom from this highly fatal infection.

Plague eradicative measures at New Orleans have been continued. Over 371,000 rodents, the carriers of plague infection, were either trapped or killed and more than 100,000 were carefully examined. No human case of the disease has occurred during the year. Measures for the control of typhoid fever, Rocky Mountain spotted fever, malaria and other infections have been continued as heretofore and the results obtained have been most gratifying.

In only a single field, the medical inspection of immigrants, has the work of the Public Health Service shown any diminution during the year, but this has been compensated for by the more thorough examination accorded. Four hundred eighty-one thousand two hundred seventy aliens were examined for the purpose of determining physical and mental defects. Of these, 16,327 were certified for deportation, proportionately a greater number than has ever been recorded. The percentage of mental defectives certified is also steadily increasing.

At the marine hospitals and relief stations of the service approximately 69,000 beneficiaries received medical or surgical treatment, a number greater by 10,000 than for any previous year.

MEDICAL COUNTY MEETINGS.

A banquet was given by the Lancaster County Medical society at the Lincoln hotel a short time ago. It was well attended by many prominent men in the state.

The meeting of the Madison County Medical society was held at the Horst hotel in Madison. All previous meetings of this county society were held in Norfolk, but at the last meeting it was ruled that the meetings in the future would be held in the different towns in the county. Newman Grove was named for the next meeting place of the society. The following officers were elected: Dr. Gadbois of Madison, president; Dr. Fink of Newman Grove, vice-president; Dr. Brush of Norfolk, secretary and treasurer.

At the last meeting of the Johnson County Medical society held in Tecumseh, Dr. J. M. Curtis was elected president; Dr. S. E. Conley, vice-president; Dr. T. E. Fairall, secretary and treasurer; Dr. C. H. Davies, delegate to the state convention, and Dr. A. H. Cramb, alternate. After the meeting a banquet was hedl, after which a very interesting program was given.

The Saline County Medical society held its annual meeting in Crete a short time ago.

At the County Medical society meeting held in Lyons, Dr. A. E. Westervelt was elected president.

Dr. Henry of Hebron, Nebraska, was elected president of the Thayer County Medical society for the coming year and Dr. P. E. Milbourne of Davenport, Nebraska, secretary and treasurer.

The Furnace County Medical society met in Arapahoe a short time ago.

The semi-annual medical meeting of Chase, Dundy, Hayes and Hitch-

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cock counties met in Stratton Thursday, November 9.

The guests were Dr. Bell of Grant and Dr. Murdock of Ogalalla. The latter gave a very interesting paper. After the usual study and discussion of diseases prevalent in the community, officers were elected.

Dr. A. B. Fellers, Palisade, president; Dr. E. M. Stewart, Imperial, secretary-treasurer. Following the business session the company repaired to Dr. W. E. Stewart's residence, where the wives had been royally entertained, and luncheon was served.

NEWS NOTES.

Dr. Erskine M. Barnes announces the removal of his offices to 1017 First National Bank building, Sixteenth and Farnam streets.

The National Board of Medical Examiners held its first examination from October 16 to 21 in Washington, D. C. There were thirty-two applicants from seventeen states, representing twenty-four medical schools, and of these sixteen were accepted as having the necessary preliminary and medical qualifications, ten of whom took the examination. The following men passed: Dr. Harry Sidney Newcomer, John Hopkins University; Dr. William White Southard, John Hopkins University; Dr. Orlow Chapin Snyder, University of Michigan; Dr. Thomas Arthur Johnson, Rush Medical School; Dr. Hjorleifur T. Kristjanson, Rush Medical School.

Mrs. Dr. Stanard of Ulysses, Neb., has undergone a surgical operation at the Seward Hospital.

Dr. Sadler of Hershey, Neb., narrowly escaped death a short time ago when his auto hit a train at a railroad crossing. The Doctor suffered a fracture of the right leg and sustained several bruises. He had started out to make a country call and had driven upon the crossing before he noticed the approaching train. He attempted to turn the car around before it struck the train but failed to clear the track, and the cylinder of the engine struck the auto overturning it and throwing the Doctor out.

At the meeting of the State Board held in Lincoln a short time ago, Dr. W. F. Wild was reappointed State Bacteriologist.

A new hospital has been opened in Fordyce, Neb., under the management of Dr. Johnson.

The dedication of the new St. Joseph's hospital at Alliance, Neb., was a matter of great interest to the people of that vicinity. After the dedication was held several large subscriptions were announced.

The Plainview General Hospital of Plainview, Neb., has been incorporated with the capital stock of $20,000. The incorporators are: O. E. Oegler, E. Phillips, F. W. Flinger and others.

MARRIAGES.

Dr. O. C. Diehl of Diller, Nebraska, and Miss Adah Viola Clark, were quitely married at the residence of the bride's mother, Mrs. Nancy Clark of Diller.

Announcement was made of the marriage of Dr. Blaine A. Young of Merriman, Nebraska, to Miss Edith C. Barnes of Cody, Nebraska, on December 24th. Dr. Young is a graduate of the Nebraska College of Medicine and is a member of the Acacia and Nu Sigma Nu fraternities. Dr. and Mrs. Young spent their honeymoon in Omaha and Malvern, Iowa. They will make their home in Merriman.

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Dr. William F. Wild of Lincoln, Neb., and Miss Josephine E. Murphy of Plattsmouth, Neb., were married January 10th, at Plattsmouth. After their honeymoon through the south and Cuba they expect to return to Lincoln.

Dr. J. C. Kadory of Surprise, Neb., and Miss Anna Klepetcor of Omaha, were married at the home of the bride's parents in Omaha. They will reside in Surprise.

On Wednesday, December 27th, at the home of the bride's mother, Mrs. Susan S. Miller of Osceola, Dr. John Ray Leibee and Miss Vera Essie Miller were united in marriage.

DEATHS.

Dr. A. Keller of Falls City, Neb., died on January 10th, at his home in that city at the age of 64 years. He had been a practicing physician in that vicinity for a number of years.

Dr. F. C. Clark, 88 years of age, died at the home of his daughter in Omaha. Burial was made in Fairview cemetery in Council Bluffs, Iowa.

NEW LOCATIONS.

Dr. W. S. Wiggins of Exeter, Neb., who has been a practicing physician for a number of years, has moved to University Place, Neb., where he will be connected with the Wesleyan Hospital.

Dr. A. P. Fitzsimmons, formerly of Tecumseh, Neb., who has been in the Philippine Islands for several years, is expected to return to Pawnee City in the spring.

Dr. E. J. Zimmerer of Thayer, Neb., expects to locate in Lincoln.

Dr. Maurice D. Yampolsky of Chicago, is now on the hospital staff at the agency in Winnebago.

Dr. O. D. Johnson of Gothenburg, Neb., is now located in Brady, Neb. He has purchased the practice of Dr. E. W. Fetter.

Dr. W. J. Stech of Dwight, Neb., has been taking a post graduate course in Chicago.

Dr. Young is a new physician located at Bruning.

Dr. James McAllister of Unadilla, has moved to Correctionville, Iowa.

Dr. Harrison of Topeka, Kansas, has located at Neligh, Neb.

Dr. W. L. Johnson, graduate of the University of Illinois, has located at Steinauer, Neb.

Dr. Hibbard, formerly of Lisco, is now located at Lodge Pole, Neb.

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NEBRASKA AND WYOMING

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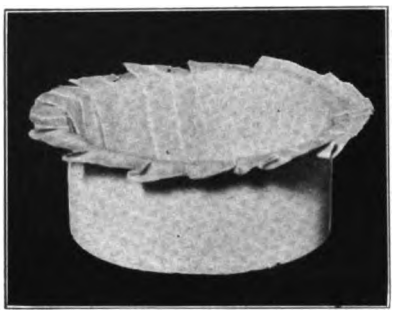

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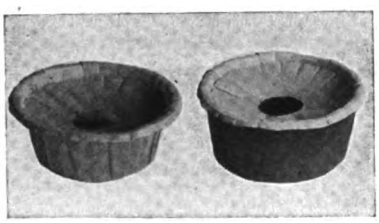

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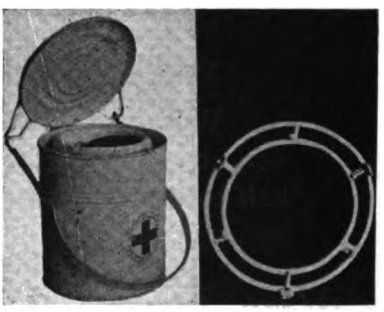

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And the most gratifying thing about it is that in most cases, while at first, the patient may need as much as 1 to 1½ ounces of Interol per day, with time, he can diminish the dosage to as little as half an ounce a day, or an ounce every other day, and even discontinue Interol for periods of time.

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Here is what Mr. Corliss, President of the Company, says:

"In my judgment, Omaha is an ideal place for the development of an industry of this character, because of the surroundings, the shipping facilities, convenience to markets, the product and the demand. Dairying is closely identified with agriculture—is a part of what the soil produces. Omaha is a city built up by the agricultural development of the country surrounding.

"I do not believe there ever was a better basis for investment of capital. I have studied and watched this thing very closely. I have seen Omaha men put money into all sorts of oil wells and gold mines. I know of thousands of dollars lost by Omaha men in these visionary schemes—lemon groves, banana farms, pineapple plantations, rubber forests, copper mines in Alaska and diamond discoveries in Africa.

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"Every one of these men has overlooked a gold mine practically at his feet in Omaha in the building up of the dairy interests. These men have been stepping over dollars to pick up dimes.

"I want to interest a few men with money in our Waterloo Creamery Company. I propose selling you exactly the same sort of stock that I hold, so that you will have no occasion to say or feel that I am drawing larger dividends than you are getting.

"I want to help you to get a foothold in what I believe is the biggest industrial effort now before the public. I don't know of anything better being offered, do you?

"I want to help you get out of the "I-wish-I-had" class, who lament because they have no chance to get into a big enterprise while it is growing. I am offering you an opportunity of growing with the Waterloo Creamery, and I want you to help us boost to make it still bigger. As we grow I believe we will make some of the big stockholders independent, and some of the little fellows mighty comfortable.

"Keep in mind this fact: You have here an established business, well organized, growing rapidly, ready to take advantage of increased business that is bound to come. This is not a venture, not a prospect, not a new enterprise in an unknown field.

"I would like to talk with you about making an investment. I want you to have some of this stock, so call me on the phone, Douglas 1409, or drop me a note, addressing it;

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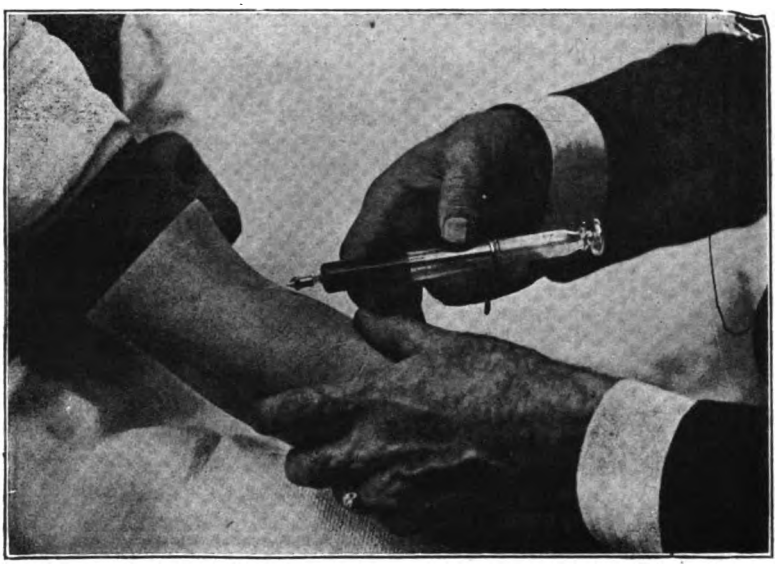

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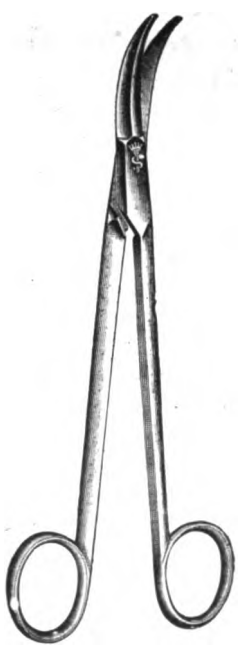

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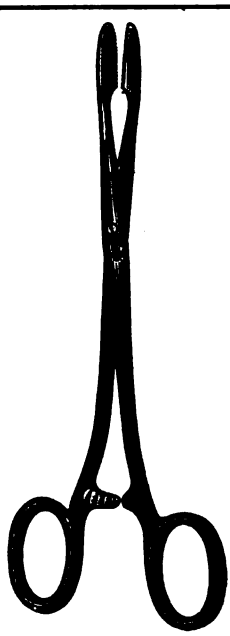

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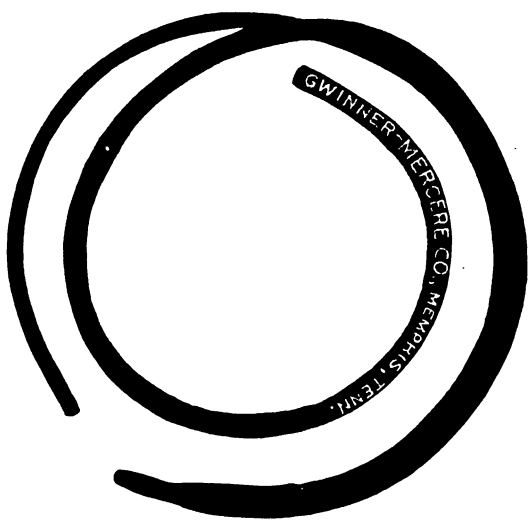

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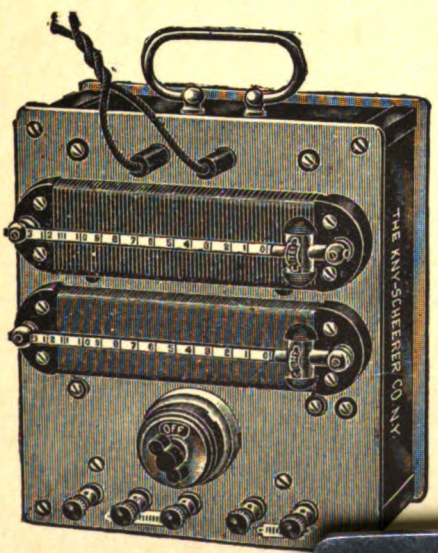

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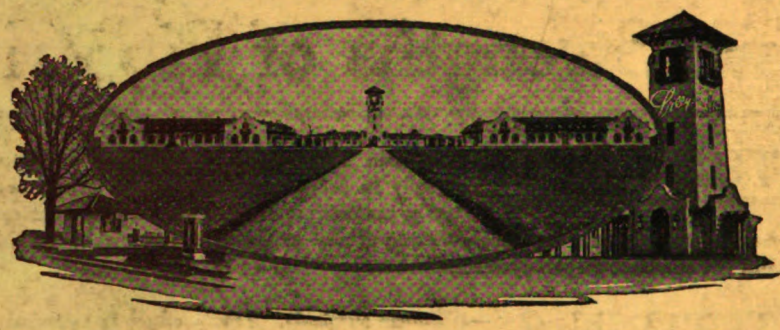

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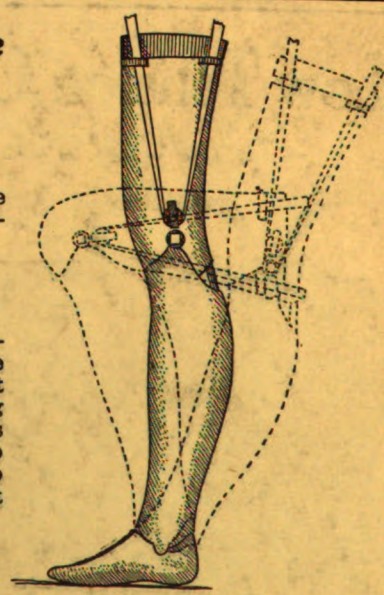

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